CERTIFICATION 3

CARRIER CERTIFICATIONS
Accuracy of CAF ICC Data

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the	
Name of Reporting Carrier: OXFORD) WEST TEL CO			
Jennif Signature of Authorized Officer:	er Wilson	Digitally signed by Jennifer Wilson,email=jwilson@oxfor west tel co,l= , Date:9/25/20	rdnetworks.com,O=oxford	Date: 9/25/2012
Printed name of Authorized Officer:	Jennifer Wilson			
Title or position of Authorized Officer:	Controller			
Telephone number of Authorized Officer:	207-333-3406			
Study Area Code of Reporting Carrier	100002	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connection of the United States Code, 18		i, 47 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: LINCOLN	VILLE NETWRKS				
Shirley Signature of Authorized Officer:	Manning		Digitally signed by Shirley M. Manning,email=shirleym@lir netwrks,l= , Date:9/25/2012	ntelco.net,O=lincolnville	Date: 9/25/2012
Printed name of Authorized Officer:	Shirley Mannin	g			
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	207-563-9941				
Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the	
Name of Reporting Carrier: OXFORD) COUNTY TEL			
Jennif Signature of Authorized Officer:	er Wilson	Digitally signed by Jennifer Wilson,email=jwilson@oxfor county tel,l= , Date:9/25/20	rdnetworks.com,O=oxford	Date: 9/25/2012
Printed name of Authorized Officer:	Jennifer Wilson			
Title or position of Authorized Officer:	Controller			
Telephone number of Authorized Officer:	207-333-3406			
Study Area Code of Reporting Carrier	100019	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 18		4, 47 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			e ensuring the accuracy of the actual d	ata reported; and, to the	
	EE TEL LLC		Digitally signed by Dennis A Andrews,email=dennis@ote		
Signature of Authorized Officer:			llc,l= , Date:9/26/2012		Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrew	S			
Title or position of Authorized Officer:	Sr Vice Presiden	nt			
Telephone number of Authorized Officer:	256-586-1420				
Study Area Code of Reporting Carrier	100020		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co er Title 18 of the United States Code, 16		47 U.S.C.

Cert	fication of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the	
Name of Reporting Carrier: SACO RI	VER TEL LLC			
Dennis Signature of Authorized Officer:	Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote Ilc,I=, Date:9/26/2012		Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	100022	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 19		47 U.S.C.

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TO BE COMPLETED BY THE REPORTING CARRIER,

		al Manager Filing Due Date for this form	(207) 584-9911 ext	
		Alla Buy	(207) 584-9911 ext	The second secon
		Sulsaby)		Telephone number of Authorized Officer.
		Julisbey)	Vice President/General Manager	Title or position of Authorized Officer V
		Sulpher!	iam S. Silsby, Jr.	Printed name of Authorized Officer William S. Silsby, Jr
Date 09/26/2012		11 11	Millery of	Signature of Authorized Officer MM
		bany / //	ver Telephone Comp	Name of Reporting Carrier Union River Telephone Company
ported rted; and, to the best of my	F ICC Data Rep	Certification of Officer as to the Accuracy of the CAF ICC Data Reported learning that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Office	Certification of O

Carrier Cert

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual d ırate.	ata reported; and, to the	
Name of Reporting Carrier: UNITEL,	INC.			
Laurie Signature of Authorized Officer:	Osgood	Digitally signed by Laurie O: Osgood,email=losgood@un ME 04988-0165, Date:9/27/	inets.net,O=unitel, inc.,I=Unity	Date: 9/27/2012
Printed name of Authorized Officer:	Laurie Osgood			'
Title or position of Authorized Officer:	CEO/President			
Telephone number of Authorized Officer:	207-948-9952			
Study Area Code of Reporting Carrier	100029	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		47 U.S.C.

Cert	fication of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the	
Name of Reporting Carrier: MID-MAII	NE TELECOM			
Dennis Signature of Authorized Officer:	S Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote telecom,l= , Date:9/26/2012	elcotel.com,O=mid-maine	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	103315	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connent under Title 18 of the United States Code, 18		4, 47 U.S.C.

Cert	fication of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	lata reported; and, to the	
Name of Reporting Carrier: GRANBY	TEL LLC			
Dennis Signature of Authorized Officer:	S Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote , Date:9/26/2012	andrews DN:cn=Dennis elcotel.com,O=granby tel llc,l=	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	110036	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		47 U.S.C.

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported in the best of my knowledge, the information reported on this form is accurate. Name of Reporting Center Richard Telegical Control of Authorized Officer Richard Control of Reporting Center Ric			
Certification of Officer as to the Accuracy of the CAF ICC Data Reported invited by that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Interporting Carrier:	ions Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine of 1901.	ants on this form can be punished by fine or forfeiture under the Communication imprisonment under Title 18 of the United States Code, 18 U.S.C. §	Persons willfully making false statems
Certification of Officer as to the Accuracy of the CAF ICC Data Reported soluted and an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my solutedge, the information reported on this form is accurate. Interporting Center Rickmod Telegistry Company And part of Authorized Officer Rickmod World	T)	(min/dd/yyyy)	Study Area Code of Reporting Carrier
Certification of Officer as to the Accuracy of the CAF ICC Data Reported in Certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Company And		EE0-8-815	alephone number of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported servity that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Interporting Center Wickmond Telephan Canana Any particles of Authorized Officer Richard College And Canana of Authorized Officer Richard College And Canana Any particles of Michael Officer Richard College And Canana Any particles of Authorized Officer Richard College And Canana of Authorized Officer Richard College And Canana Any particles of Authorized Officer Richard College And Canana Any particles of Authorized Officer Richard College And Canana Any particles of Authorized Officer Richard College And Canana Officer Ric	L) or	14 of Finance	Title or position of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported servity that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Some of Reporting Certier Wickmodd Telephane Date Passal Date		Richard w Dake, Is.	Printed name of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported in serify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate.	Date 47-45-12	NEWL).1	Signature of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported in the company of the carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate.) 	chine	Name of Reporting Carrier 1 Ric
Certification of Officer as to the Accuracy of the CAF ICC Data Reported. For the carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my		on this form is accurate.	nowledge, the information reported
	actual data reported; and, to the best of my	Cerunication of Onicer as to the Accuracy of the CAF i	ertify that I am an officer of the rep
			يلاطف مسيطا

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ments on this form can be punished by fine imprisonment under Tille 18 of t	Study Area Code of Reporting Carrier 120038 Filling Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (603) 278-9911, ext.	Title or position of Authorized Officer V.P. Operations	Printed name of Authorized Officer Art Nicholson	Signature of Authorized Officer D.	Name of Reporting Carrier Bretton Woods Felephone, Company, Inc.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported lecrity that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
7 U.S.C. §§ 502, 503(b), or fine or					Date 9/26/2012		orted	

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ties include ensuring the accuracy of the actual d urate.	lata reported; and, to the	
Name of Reporting Carrier: GRANITE	STATE TEL			
Susan Signature of Authorized Officer:	King	Digitally signed by Susan Ki King,email=srand@gstnetw tel,I=Weare NH 03281, Date	orks.com,O=granite state	Date: 9/27/2012
Printed name of Authorized Officer:	Susan King			,
Title or position of Authorized Officer:	President			
Telephone number of Authorized Officer:	603-529-9941			
Study Area Code of Reporting Carrier	120039	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		4, 47 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported									
	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: DIXVILLE	TEL CO								
Ann W	alsh		Digitally signed by Ann Wals Walsh,email=awalsh@tillotso						
Signature of Authorized Officer:	co,l= , Date:9/25/2012		Date: 9/25	5/2012					
Printed name of Authorized Officer:	Ann Walsh								
Title or position of Authorized Officer:	Assistant Secret	ary							
Telephone number of Authorized Officer:	781-402-1731								
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.				

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the				
Name of Reporting Carrier: DUNBAR	TON TEL CO						
David Montgomery David Montgomery Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:9/26/2012 Date: 9/26/20							
Printed name of Authorized Officer:	David Montgomery	у		·			
Title or position of Authorized Officer:	President						
Telephone number of Authorized Officer:	603-774-9911						
Study Area Code of Reporting Carrier	120043	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		47 U.S.C.			

Cer	tification of Officer as	to the Accuracy of the CAF ICC Data Re	ported			
I certify that I am an officer of the reporting ca best of my knowledge, the information reporte			data reported; and, to the			
Name of Reporting Carrier: FRANK	LIN TEL CO - VT					
Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard Maynard,email=ftc@franklinvt.net,O=franklin tel co- vt,I=Franklin VT 05457, Date:9/27/2012 Date: 9/27/2012						
Printed name of Authorized Officer:	Kimberly Gates May	nard				
Title or position of Authorized Officer:	Treasurer					
Telephone number of Authorized Officer:	802-285-9911					
Study Area Code of Reporting Carrier	140053	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
		be punished by fine or forfeiture under the Cent under Title 18 of the United States Code, 1		934, 47 U.S.C.		

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: SHOREH	AM TEL.							
Dennis Signature of Authorized Officer:	Andrews		Digitally signed by Dennis Ar Andrews,email=dennis@otel , Date:9/26/2012	Date: 9/26/2012				
Printed name of Authorized Officer:	Dennis Andrew	/S						
Title or position of Authorized Officer:	Sr Vice Presider	nt						
Telephone number of Authorized Officer:	256-586-1420							
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.			

	10/4/2012	ha for this form	(miniddyyyy)	140068	Study Area Code of Reporting Carrier
			M	1315) 324 54/1	Telephone number of Authorized Officer. (215) 324. 54 (ex
	BOAKE	OF THE BOAKE	CHAIRMAN OF	CHAIR	Title or position of Authorized Officer
	50	CE CE SOL	L	DONALDA	Printed name of Authorized Officer
Date 09/26/26(_	-		The state of the	The same	Signature of Authorized Officer
	ANY HAC	COMPI	TOPSERM TELEPHONE COMPANY HA	OPSHAM	Name of Reporting Cerrier
			T TITLE OF THE PERSON OF THE P	- Contract of the contract of	
				a street twenty to exceed due.	THE PROPERTY OF A SECOND PARTY AND A SECOND PARTY A
ed; and, to the best of my	if the actual data report	the accuracy of	piolides include ensuring	ding carrier, my respon	l entify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information provided on the form is accurate.
orted	AF ICC Data Rep	acy of the C	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certification of Of	

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting care best of my knowledge, the information reported			ata reported; and, to the	
Name of Reporting Carrier: WAITSFI	ELD/FAYSTON			
Roger	Nishi	Digitally signed by Roger Ni Nishi,email=rnishi@wcvt.co field VT 05673, Date:9/27/2/	m,O=waitsfield/fayston,I=Waits	Date: 9/27/2012
Signature of Authorized Officer:				
Printed name of Authorized Officer:	Roger Nishi			
Title or position of Authorized Officer:	Vice President - Ind	lustry Relations		
Telephone number of Authorized Officer:	802-496-8336			
Study Area Code of Reporting Carrier	140069	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connent under Title 18 of the United States Code, 19		17 U.S.C.

Cert	ification of Officer	r as to the Accu	racy of the CAF ICC Data Re	eported	
I certify that I am an officer of the reporting care best of my knowledge, the information reported			ring the accuracy of the actual	data reported; and, to the	
Name of Reporting Carrier: VERMON	NT TEL. CO-VT				
Fran S	tocker		Digitally signed by Fran Sto Stocker,email=fstocker@v co-vt,l=, Date:9/27/2012	ocker DN:cn=Fran ermontel.com,O=vermont tel.	
Signature of Authorized Officer:			CO-VI,I= , Date.9/27/2012	Date: 9/27/2012	
Printed name of Authorized Officer:	Fran Stocker				
Title or position of Authorized Officer:	Vice President of	Finance			
Telephone number of Authorized Officer:	802-885-7745				
Study Area Code of Reporting Carrier	147332		g Due Date for this form n/dd/yyyy)	10/4/2012	
Persons willfully making false state §§ 502, 503(b			by fine or forfeiture under the 0 18 of the United States Code, 7		47 U.S.C.

	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	150071	Study Area Code of Reporting Carrier
		ext	(724) 283-0925	Telephone number of Authorized Officer (724) 283-0925 ext
			Controller	Title or position of Authorized Officer Co
			James W. Ranko	36
Date 09/27/12		huto	my Mhr	Signature of Authorized Officer
		npany - NEW YORK	Telephone Com	Name of Reporting Carrier Armstrong Telephone Company - NEW YORK
ported rted; and, to the best of my	(F ICC Data Rep	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting certier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my mowledge, the information reported on this form is accurate.	Certification of Ol ing carrier; my respon this form is accurate.	Certification of O I certify that I am an officer of the reporting carrier; my respondenced the information reported on this form is accurate.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: CASSAD	AGA TEL CORP							
Bruce Signature of Authorized Officer:	Clark		Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=brucec@dftel.com,O=cassadaga tel corp,I=Fredonia NY 14063-0209, Date:9/26/2012 Date: 9/26/2012					
Printed name of Authorized Officer:	Bruce Clark							
Title or position of Authorized Officer:	Vice President o	f Finance						
Telephone number of Authorized Officer:	716-673-3083							
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.			

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: CHAMPL	AIN TEL CO							
Mark V Signature of Authorized Officer:	Vebster		Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=c hamplain tel co,I=Champlain NY 12919, Date:9/24/2012 Date: 9/24/201					
Printed name of Authorized Officer:	Mark Webster							
Title or position of Authorized Officer:	Controller							
Telephone number of Authorized Officer:	518-298-2480							
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.			

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported		
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			data reported; and, to the		
Name of Reporting Carrier: CHAUTA	UQUA & ERIE				
Michae Signature of Authorized Officer:	el Skrivan	Digitally signed by Michael Skrivan,email=mskrivan@f erie,l= , Date:9/28/2012	Skrivan DN:cn=Michael airpoint.com,O=chautauqua &	Date: 9/28/2012	
Printed name of Authorized Officer:	Michael Skrivan			'	
Title or position of Authorized Officer:	Vice-President Regu	ulatory			
Telephone number of Authorized Officer:	207-535-4150				
Study Area Code of Reporting Carrier	150078	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

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Study Area Code of Reporting Carrier 150079 Filing Due Date for this form 10/4/2012 10/4/2012

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Persons willfully making talse statements on this form can be punished by fine or furfalture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or important transfer in the form can be punished by fine or furfalture under the Code, 18 U.S.C. § 1901.
Study Area Code of Reporting Cernier (5 0081 (mm/ld/yyyy) 10/4/2012
ры. (J.∏.).
0 F TH# AAA
Printed name of Authoritzad Officer OONACOA (FRESOCI 51
Signature of Authorition Company Office 120 120 120 120 120 120 120 120 120 120
Name of Reporting Carrier CLT (ZENS TELEPHONE COMPANY OF HAMMOND, NY, IN,
t certify that I am an officet of the raporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			lata reported; and, to the		
Name of Reporting Carrier: CROWN	POINT TEL CORP				
Shana Signature of Authorized Officer:	Knapp Macey	Digitally signed by Shana K Knapp Macey,email=shana. point tel corp,l=Crown Point	.macey@cptelco.net,O=crown	Date: 9/25/2012	
Printed name of Authorized Officer:	Shana Knapp Mace	ey		·	
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	518-597-3300				
Study Area Code of Reporting Carrier	150085	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ties include ensuring the accuracy of the actual d urate.	ata reported; and, to the		
Name of Reporting Carrier: DELHITE	EL CO			_	
Dougla Signature of Authorized Officer:	as Edwards	Digitally signed by Douglas Edwards,email=doug@delh NY 13753-0271, Date:9/26/	itel.com,O=delhi tel co,l=Delhi	Date: 9/26/2012	
Printed name of Authorized Officer:	Douglas Edwards	s			
Title or position of Authorized Officer:	Treasurer				
Telephone number of Authorized Officer:	607-746-1529				
Study Area Code of Reporting Carrier	150088	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported		
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual c rate.	lata reported; and, to the		
Name of Reporting Carrier: DUNKIR	(& FREDONIA				
Bruce	Clark	Digitally signed by Bruce Cl Clark,email=brucec@dftel.c	om,O=dunkirk &		
Signature of Authorized Officer:	Signature of Authorized Officer: fredonia,I=Fredonia NY 14063-0209, Date:9/26/2012 Date: 9/26/2012				
Printed name of Authorized Officer:	Bruce Clark				
Title or position of Authorized Officer:	Vice President of F	inance			
Telephone number of Authorized Officer:	716-673-3083				
Study Area Code of Reporting Carrier	150091	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		4, 47 U.S.C.	

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported		
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			e ensuring the accuracy of the actual d	lata reported; and, to the		
Name of Reporting Carrier: EMPIRE	TEL CORP					
Tom P Signature of Authorized Officer:	restigiacomo		Digitally signed by Tom Pre Prestigiacomo,email=tpresti corp,I=Prattsburgh NY 1487	@etcnpt.com,O=empire tel	Date: 9/24/2012	
Printed name of Authorized Officer:						
Title or position of Authorized Officer:	CFO					
Telephone number of Authorized Officer:	607-522-4237					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARPIER.

Certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the CAF ICC Data Reported and, to the best of my mowiledge, the information reported on this form is accurate. Impact Reporting Carrier Fishers Island Telephone Code in the information of Authorized Officer Robert Wall itte or position of Authorized Officer President Island Telephone number of Authorized Officer (631) 788-7001 and position of Authorized Officer (631) and position of Officer (631) and	Persons with the statement on the form was no experienced by the control of the c	
ation of Officer as to the Accuracy of the CAF ICC Data Reported rules reported is accurate.		Study Area Code of Reporting Carrier 150095
ation of Officer as to the Accuracy of the CAF ICC Data Reported r. my responsibilities include ensuring the accuracy of the actual data reported; and, to is accurate.		
ation of Officer as to the Accuracy of the CAF ICC Data Reported ray responsibilities include ensuring the accuracy of the actual data reported; and, to is accurate.		Title or position of Authorized Officer President
Certification of Officer as to the Accuracy of the CAF ICC Data Reported of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to reported on this form is accurate.		Printed name of Authorized Officer Robert Wall
in of Officer as to the Accuracy of the CAF ICC Data Reported responsibilities include ensuring the accuracy of the actual data reported; and, to accurate.	MM	Signature of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my mation reported on this form is accurate.	one co	Name of Reporting Carrier Fishers Island Telephone
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	esponsibilities include ensuring the accuracy of the ac surate.	I certify that I am an officer of the reporting carrier, my responsion wheelige, the information reported on this form is accurate.
	of Officer as to the Accuracy of the CAF IC	Certification of O

Carrier Cert

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual c irate.	data reported; and, to the			
Name of Reporting Carrier: GERMAN	ITOWN TEL CO					
Bruce Signature of Authorized Officer:	Bohnsack	Digitally signed by Bruce Bo Bohnsack,email=bruceb@g co,l=Germantown NY 1252	tel.net,O=germantown tel	Date: 9/26/2012		
Printed name of Authorized Officer:						
Title or position of Authorized Officer:	President and CE	0				
Telephone number of Authorized Officer:	518-537-4835					
Study Area Code of Reporting Carrier	150097	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

Certification of Officer as to the Accuracy of the CAF ICC Data Reported
i certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Date 09/26/2012
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tines the state of
1946

Cert	ification of Officer as	s to the Accuracy of the CAF ICC Data Re	ported		
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			lata reported; and, to the		
Name of Reporting Carrier: MARGAR	RETVILLE TEL CO				
Glen F Signature of Authorized Officer:	aulkner	Digitally signed by Glen Fau Faulkner,email=mtcgf@cats co,l=Margaretville NY 1245	skill.net,O=margaretville tel	Date: 9/27/2012	
Printed name of Authorized Officer:	Glen Faulkner				
Title or position of Authorized Officer:	Asst Secretary / Trea	asurer			
Telephone number of Authorized Officer:	845-586-3311				
Study Area Code of Reporting Carrier	150104	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
	BURGH TEL CO		Digitally signed by Marjorie	Becker DN:cn=Marjorie					
Marjorie Becker Signature of Authorized Officer:			Becker,email=info@midtel.r co,l=Middleburgh NY 12122	Date: 9/25/2012					
Printed name of Authorized Officer:	Marjorie Becke	r							
Title or position of Authorized Officer: CEO & General Manager									
Telephone number of Authorized Officer: 518-827-5211									
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

Certification of Officer as to the Accuracy of the CAF ICC Data Reported										
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.										
Name of Reporting Carrier: NEWPOR	RT TEL CO									
Joseph Tomaino Signature of Authorized Officer:			Digitally signed by Joseph Tomaino,email=jtomaino@nico,l=Newport NY 13416, Dat	Date: 9/25/2012						
Printed name of Authorized Officer: Joseph Tomaino										
Title or position of Authorized Officer: Vice President of Operations										
Telephone number of Authorized Officer:	315-845-8112									
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: NICHOLV	ILLE TEL CO				_				
Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slic.com,O=nicholville tel co,I=Nicholville NY 12965, Date:9/26/2012 Date: 9/26/2									
Printed name of Authorized Officer:	Jeffrey McGrath	า							
Title or position of Authorized Officer:	Vice President/C	CIO							
Telephone number of Authorized Officer:	315-328-5333								
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: ONEIDA	COUNTY RURAL								
Thoma Signature of Authorized Officer:	s Ellis		Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,I= , Date:9/25/2012 Date:			9/25/2012			
Printed name of Authorized Officer:	Thomas Ellis								
Title or position of Authorized Officer:	Executive Vice F	resident							
Telephone number of Authorized Officer:	315-624-2000								
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: ONTARIC) TEL CO, INC.							
Michae Signature of Authorized Officer:	el Carr		Digitally signed by Michael C Carr,email=mikec@fltg.com, Date:9/26/2012	Date: 9/26/2012				
Printed name of Authorized Officer:	Michael Carr							
Title or position of Authorized Officer:	Chief Financial/0	Operating Offi	cer					
Telephone number of Authorized Officer:	315-548-7566							
Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: PATTERS	SONVILLE TEL								
Tammy Signature of Authorized Officer:	/ Krisher		Digitally signed by Tammy K Krisher,email=tkrisher@ptcc tel,I=Rotterdam Junc NY 121	Date: 9/27/2012					
Printed name of Authorized Officer:	Tammy Krisher								
Title or position of Authorized Officer:	President								
Telephone number of Authorized Officer:	518-887-2121								
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: STATE TI	EL CO								
Mark E	vans		Digitally signed by Mark Eva Evans,email=mevans@state						
Signature of Authorized Officer:			Date: 9/25/2012 Date: 9/25/2012						
Printed name of Authorized Officer:	Mark Evans								
Title or position of Authorized Officer:	Vice President								
Telephone number of Authorized Officer:	518-731-6128								
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

Cert	ification of Officer a	s to the Accuracy of the CAF ICC Data Re	ported				
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the				
Name of Reporting Carrier: TRUMAN	SBURG TEL CO.						
Michae Signature of Authorized Officer:	el Carr	Digitally signed by Michael (Carr,email=mikec@fltg.com Date:9/26/2012		Date: 9/26/2012			
Printed name of Authorized Officer:	Michael Carr						
Title or position of Authorized Officer:	Chief Financial/Ope	rating Officer					
Telephone number of Authorized Officer:	315-548-7566						
Study Area Code of Reporting Carrier	150131	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

Name of Reporting Carrier Warwick Valley Telephone Company Signature of Authorized Officer Printed name of Authorized Officer Jennifer M. Brown Title or position of Authorized Officer EVP & Chief Administrative Officer and Corporate Secretary Telephone number of Authorized Officer: (267) 234-7300 ext. Telephone number of Authorized Officer: (267) 234-7300 ext. [Filing Due Date for this form 10/4/2012]		10/4/2012			
invick Valley Telephone Company Licer Jennifer M. Brown d officer: (267) 234-7300 ext.			Filing Due Date for this form (mm/dd/yyyy)	150135	Study Area Code of Reporting Carrier
anwick Valley Telephone Company Control of the Company Micen EVP & Chief Administrative Officer and Corporate Secretary		C. C		(267) 234-7300 ext.	elephone number of Authorized Officer:
arwick Valley Telephone Company Our Land M. M. Star. Cer Jennifer M. Brown		ecretary	ive Officer and Corporate S	& Chief Administrati	Title or position of Authorized Officer EVF
arwick Valley Telephone Company				fer M. Brown	rinted name of Authorized Officer Jenni
tame of Reporting Carrier Warwick Valley Telephone Company	Date 9/25/12		The C	Inwin M Bru	signature of Authorized Officer
			npany	alley Telephone Com	Name of Reporting Carrier Warwick V

Name of Reporting Carrier Warwick Valley Telephone Company Signature of Authorized Officer Printed name of Authorized Officer Jennifer M. Brown Title or position of Authorized Officer EVP & Chief Administrative Officer and Corporate Secretary Telephone number of Authorized Officer: (267) 234-7300 ext. Telephone number of Authorized Officer: (267) 234-7300 ext. Filing Due Date for this form 10/4/2012	rative Officer and Corporate Section Filing Due Date for this form		
ative Officer and Corporate Secretary	ministrative Officer and Corporate Secretary		Study Area Code of Reporting Carrier
	ministrative Officer and Corporate Secretary	(267) 234-7300 ext.	elephone number of Authorized Officer
		VP & Chief Administrative Office	Title or position of Authorized Officer E
arwick Valley Telephone Company		nnifer M. Brown	rinted name of Authorized Officer Jen
vame of Reporting Carrier Warwick Valley Telephone Company	M Brown Date 9/25/12	amila M Brown	Signature of Authorized Officer
	one Company	Valley Telephone Company	Name of Reporting Carrier Warwick

Cert	ification of Office	r as to the Accura	acy of the CAF ICC Data Re	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: BENTLE	/VILLE TEL CO		Digitally signed by Michael \$	Skrivan DN:cn=Michael					
Michae Signature of Authorized Officer:	el Skrivan		Skrivan,email=mskrivan@fa co,l= , Date:9/28/2012	Date: 9/28/2012					
Printed name of Authorized Officer:	Michael Skrivan								
Title or position of Authorized Officer: Vice-President Regulatory									
Telephone number of Authorized Officer:	207-535-4150								
Study Area Code of Reporting Carrier	170145		Due Date for this form	10/4/2012					
Persons willfully making false state §§ 502, 503(b		-	y fine or forfeiture under the Co 8 of the United States Code, 18		47 U.S.C.				

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Porsons willfully making false statements on this form can be purished by fine or forfoiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Telephone number of Authorized Officer: (124) 144 111111 each state of Reporting Certier (170156 Massachus (mm/dd/yyyy)) 10/4/2012	Title or position of Authorized Officer President	Printed risme of Authorized Officer, Dennis K. Cutrell	Signature of Authorized Officer 2. K. USTALLII	Name of Reporting Carrier Citizens Telephone Company of Kecksburg	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Name of Benoding Carrier, Hickory Telephone Company
Date 9/27/12
Printed name of Authorized Officer Treasurer
Telephone number of Authorized Officer: (724) 356-2211 ext.
Study Area Code of Reporting Carrier 170171 Filing Due Date for this form 10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment urder Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: LACKAW	AXEN TELECOM								
Debora Signature of Authorized Officer:	ah Szmyd		Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=dszmyd@ltis.net,O=lackawaxen telecom,I=Rowland PA 18457, Date:9/26/2012			12			
Printed name of Authorized Officer:	Deborah Szmy	d							
Title or position of Authorized Officer:	Secretary/Treas	urer							
Telephone number of Authorized Officer:	570-685-1096								
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		7 U.S.C.				

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: LAUREL I	HIGHLAND TEL				
James	Kail		Digitally signed by James Ka Kail,email=jjkail@lhtot.com,0	O=laurel highland	
Signature of Authorized Officer:			tel,I=Stahlstown PA 15687-0	168, Date:9/27/2012	Date: 9/27/2012
Printed name of Authorized Officer:	James Kail				
Title or position of Authorized Officer:	CEO & Presiden	t			
Telephone number of Authorized Officer:	724-593-2411				
Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

		Filing Due Date for this form	170189	Study Area Code of Reporting Carrier
			(724) 283-0926	Telephone number of Authorized Officer: (724) 283-0925 ext
			ntroller	Title or position of Authorized Officer Controller
			es W. Ranko	Printed name of Authorized Officer James W. Ranko
Date 09/27/12		mo	1. dellar	Signature of Authorized Officer
		npany - PENNSYLVANIA	Telephone Cor	Name of Reporting Carrier Armstrong Telephone Company - PENNSYLVANIA
oorted ted; and, to the best of my	F ICC Data Rep	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of C	Certification of Of certification of Of Certification of Of Certify that I am an officer of the reporting carrier; my responsional certify that I am an officer of the reporting carrier; my responsional certification reported on this form is accurate.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported		
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			e ensuring the accuracy of the actual d	ata reported; and, to the		
Name of Reporting Carrier: NORTH-	EASTERN PA TEL					
Thoma Signature of Authorized Officer:	s Mendicino		Digitally signed by Thomas Mendicino,email=tommendo tel,l=Forest City PA 18421,	@nep.net,O=north-eastern pa	Date: g)/26/2012
Printed name of Authorized Officer:	Thomas Mendi	cino				
Title or position of Authorized Officer:	Vice President					
Telephone number of Authorized Officer:	570-785-2210					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
		-	nished by fine or forfeiture under the Co er Title 18 of the United States Code, 1		47 U.S.C.	

Cert	ification of Officer as	s to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting car best of my knowledge, the information reported			lata reported; and, to the	
Name of Reporting Carrier: NORTH	PENN TEL CO			
Tom F Signature of Authorized Officer:	Prestigiacomo	Digitally signed by Tom Prei Prestigiacomo,email=tpresti tel co,l=Prattsburgh NY 148	@etcnpt.com,O=north penn	Date: 9/24/2012
Printed name of Authorized Officer:	Tom Prestigiacomo			
Title or position of Authorized Officer:	CFO			
Telephone number of Authorized Officer:	607-522-4237			
Study Area Code of Reporting Carrier	170192	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		n be punished by fine or forfeiture under the Co ent under Title 18 of the United States Code, 1		47 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported Icertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	a Reported
Name of Reporting Carrier Armstrong Telephone Company -NORTH	
Name of Reporting Carrier Armstrong Telephone Company -NORTH Signature of Authorized Officer Warnes W. Ranko	_{Date} 09/27/12
Name of Reporting Carrier Armstrong Telephone Company -NORTH Signature of Authorized Officer WARTH AUTHOR THE Printed name of Authorized Officer Controller Title or position of Authorized Officer Controller	Date 09/27/12
Name of Reporting Carrier Armstrong Telephone Company -NORTH Signature of Authorized Officer Arms fll The Finted name of Authorized Officer James W. Ranko Title or position of Authorized Officer Controller Telephone number of Authorized Officer: (1724) 283-0925 ext.	Date 09/27/12

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Persons willfully making false statements on this form can be punished by fine or forfeture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or investigations and the control of
Study Area Code of Reporting Center 170196 (Study Area Code of Reporting Center 170196 (Study Area Code of Reporting Center 170196)
Title or position of Authorized Officer Vice-President of Operations
0
Elignature of Authorized Officer There I January 20112
Name of Reporting Carrier Palmerton Telephone Company
Certification of Officer as to the Accuracy of the CAF ICC Data Reported sertify that sm sn officer of the reporting carder; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form te accurate.

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

Persons willfully making false sistements on this form can be punished by line or forfallure under the Communications Act of 1994, 47 U.S.C. §§ 502, 503(b), or fine or foresons willfully making false sistements on this form can be punished by line or forfallure under the Communications Act of 1994, 47 U.S.C. § 502, 503(b), or fine or	
Teggiphone number of Authorized Officer: (670) 745-7101 axi. Study Area Code of Reporting Carrier 170197	호
Tibe or position of Authorized Officer Vice President	हि दि
MAL Berry Community	\$ S
A A A A A A A A A A A A A A A A A A A	2 }
i certify that I am an afficer of the reporting exerter; my responsibilities include ensuring the securacy of the actual data reported; and, to the bast of my knowindge, the information reported on this form is accurate.	3 6
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	

Carrior Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

P.002

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual c rate.	lata reported; and, to the	
Name of Reporting Carrier: PYMATU	NING IND TEL			
Debora Signature of Authorized Officer:	ah Nobles	Digitally signed by Deborah Nobles,email=dnobles@tow tel,I= , Date:9/25/2012		Date: 9/25/2012
Printed name of Authorized Officer:	Deborah Nobles			1
Title or position of Authorized Officer:	VP Regulatory Affa	nirs		
Telephone number of Authorized Officer:	904-688-0029			
Study Area Code of Reporting Carrier	170200	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		, 47 U.S.C.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1834, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Trite 18 of the United States Code, 18 U.S.C. § 1001.	Persons willf
Study Area Code of Reporting Carrier 170204 (m-nyddyyyy) 10/4/2012	Study Area Co
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Title or position of Authurized Officer President	Title or position
Printed name of Authorized Officer Carollyn C Copp	Printed name o
Signature of Authorized Officer CMML/g CCAp. Date 9/24/2012	Signature of Au
Name of Reporting Carrier South Canaan Telephone Company	Name of Repor
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	certify that i s snowledge, th
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported cardify that I am an officer of the reporting carder, my responsibilities include analyting the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Certier Venus Telephone Corporation Signature of Authorized Officer Cohn W. Keister Title or position of Authorized Officer V.P. Operations Telephone number of Authorized Officer: (814, 354-2182 Telephone number of Authorized Officer: (814, 354-2182	7TO7//7/6 8180	Venus Telephone Corp Car Cohn W. Keister Greer V.P. Operations 4 officer: (814, 354-2192
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ficer as to the Accuracy of the CAF ICC Data Reposibilities include ensuring the accuracy of the actual data reports Corporation		Name of Reporting Carrier Venus Telephone Corporation
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Name of Reporting Carrier: YUKON -	WALTZ TEL CO				
James	Kail		Digitally signed by James Kail,email=jjkail@lhtot.com,0	D=yukon - waltz tel	
Signature of Authorized Officer:			co,I=Stahlstown PA 15687-0	168, Date:9/27/2012	Date: 9/27/2012
Printed name of Authorized Officer:	James Kail				
Title or position of Authorized Officer:	CEO & Presiden	t			
Telephone number of Authorized Officer:	724-593-2411				
Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

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	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier 170277
			Telephone number of Authorized Officer: (304) 983-8642 ext.
		Manager	Title or position of Authorized Officer V.P. Operations, General Manager
			Printed name of Authorized Officer John Ludenia
Date September 27 2012		dance	Signature of Authorized Officer John & Milk
			Name of Reporting Carrier West Side Tel Co- PA
			knowledge, the information reported on this form is accurate.
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	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	180216	Study Area Code of Reporting Carrier
		ext.	(724) 283-0925	Telephone number of Authorized Officer: (724) 283-0925 ext
			Controller	Title or position of Authorized Officer C
			James W. Ranko	Printed name of Authorized Officer Jar
Date 09/27/12		WWW /	12/18-m	Signature of Authorized Officer
		pagy - Maryland	Telephone Com	Name of Reporting Carrier Armstrong Telephone Company - Maryland
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			Telephone number of Authorized Officer: (434) 636-1215 ext.	Telephone number of
			Title or position of Authorized Officer General Manager	Title or position of Au
			Printed name of Authorized Office Mickey L. Signs	Printed name of Author
Date 9/27/2012		time	sed Officer Muse	Signature of Authorized Officer
		erative	Name of Reporting Carrier Buggs Island Telephone Cooperative	Name of Reporting C.
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Name of Reporting Carrier: BURKE'S	GARDEN TEL				
Missy Signature of Authorized Officer:	Lynch		Digitally signed by Missy Lyr Lynch,email=missylynch@book tel,l= , Date:9/27/2012		Date: 9/27/2012
Printed name of Authorized Officer:	Missy Lynch				
Title or position of Authorized Officer:	Office Manager/s	Secretary			
Telephone number of Authorized Officer:	276-472-2345				
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Reporting that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier CITIZENS TEL COOP Signature of Authorized Officer CEO & General Manager Title or position of Authorized Officer CEO & General Manager Telephone number of Authorized Officer (540) 745-2111 ext. Study Area Code of Reporting Carrier 190225 Filing Due Date for this form 10/4/2012	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier CITIZENS TEL COOP Signature of Authorized Officer CEO & General Manager Title or position of Authorized Officer CEO & General Manager Telephone number of Authorized Officer (540) 745-2111 ext. Study Area Code of Reporting Carrier 190225 Filing Due Date for this form 10/4/2012				
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Name of Reporting Carrier: HIGHLAN	D TEL COOP				
Ruth N Signature of Authorized Officer:	ewman		Digitally signed by Ruth New Newman,email=newmanr@t coop,l=Monterey VA 24465,	ntcnet.org,O=highland tel	Date: 9/27/2012
Printed name of Authorized Officer:	Ruth Newman				
Title or position of Authorized Officer:	Office Manager/	Secretary			
Telephone number of Authorized Officer:	540-468-2131				
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

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Name of Reporting Carrier: MGW TEI	L. CO. INC.				
Sheri Signature of Authorized Officer:	Smith		Digitally signed by Sheri Sm Smith,email=sherihsmith@n inc.,I=Williamsville VA 2448	ngwnet.com,O=mgw tel. co.	Date: 9/25/2012
Printed name of Authorized Officer:	Sheri Smith				
Title or position of Authorized Officer:	Treasurer				
Telephone number of Authorized Officer:	540-925-2255				
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		17 U.S.C.

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Name of Reporting Carrier: NEW HO	PE TEL COOP			
Laurie Signature of Authorized Officer:	Hensley	Digitally signed by Laurie H Hensley,email=lauriehensle hope tel coop,l=New Hope \	y@newhopetel.com,O=new	Date: 9/25/2012
Printed name of Authorized Officer:	Laurie Hensley			
Title or position of Authorized Officer:	Secretary-Treasure	er		
Telephone number of Authorized Officer:	540-363-6277			
Study Area Code of Reporting Carrier	190239	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		47 U.S.C.

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Name of Reporting Carrier: SCOTT (COUNTY COOP			
Danie Signature of Authorized Officer:	Odom	Digitally signed by Daniel O Odom,email≔dano@sctc.or City VA 24251, Date:9/27/2	g,O=scott county coop,I=Gate	Date: 9/27/2012
Printed name of Authorized Officer:	Daniel Odom			
Title or position of Authorized Officer:	Chief Financial Officer	r		
Telephone number of Authorized Officer:	276-452-7224			
Study Area Code of Reporting Carrier	190248	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
• •		be punished by fine or forfeiture under the C nt under Title 18 of the United States Code, 1	-	47 U.S.C.

(Witherman)	Tritle or position of Authorized Officer. Senior Vice President - Legal and Regulatory Affairs Telephone number of Authorized Officer: (540) 946-8677, ext. Filing Due Date for this form 10/4/2012	Name of Reporting Carrier Lumos Telephone of Botetourt-Inc. Signature of Authorized Officer Printed name of Authorized Officer Mary MoDelthott Printed name of Authorized Officer Mary MoDelthott	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my cnowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported
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Telephone number of Authorized Officer:	1 255 At 6 0 25 min
	/SULD Filing Due Date for this form 10/4/2012

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Signature of Authorized Officer	Com	Reel	a Acta	Date S/rs/12
Printed name of Authorized Officer	HOMAS	Res	•	
Title or position of Authorized Officer	Dan A	beamt		
Telephone number of Authorized Officer: () ext.	540 844	5251	
Study Area Code of Reporting Carrier	15021	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

	10/4/2012	(mm/dd/yyyy)	200256	Study Area Code of Reporting Carrier
		Filing Due Date for this form	02000	
		5 ext	(724) 283-0925	Telephone number of Authorized Officer: ((724) 283-0925 ext.
			ontroller	Title or position of Authorized Officer Controller
			nes W. Ranko	Printed name of Authorized discer James W. Ranko
Date 09/27/12		Mondy	Je Mon	Signature of Authorized Officer
		mpany -WEST VIRGINIA	Telephone Con	Name of Reporting Carrier Armstrong Telephone Company - WEST VIRGINIA
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of Directors 21 ext Filing Due Date for this form	Signature of Authorized Officer President, Board of Directors Telephone number of Authorized Officer. (304) 567-2121 ext. Filling Due 1
Theil rectors	ignature of Authorized Officer President, Board of Directors Title or position of Authorized Officer President, Board of Directors
4" O'heil	ignature of Authorized Officer Ivan "Sonny" O'Neil
y" o'heif	ignature of Authorized Officer (JUIN "SORMY" OTHER
	lame of Reporting Carrier Spruce Killon Serieda Kocks Telepho
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Name of Reporting Carrier: WAR TEI	LLC			
Dennis Signature of Authorized Officer:	s Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote Date:9/26/2012	undrews DN:cn=Dennis elcotel.com,O=war tel llc,l= ,	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			'
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	200258	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		47 U.S.C.

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Name of Reporting Carrier: HARDY 1	ELECOM				
Scott Signature of Authorized Officer:	Sherman		Digitally signed by Scott She Sherman,email=ssherman@ telecom,l= , Date:9/24/2012	hardynet.com,O=hardy	Date: 9/24/2012
Printed name of Authorized Officer:	Scott Sherman				·
Title or position of Authorized Officer:	General Manager	r & CEO			
Telephone number of Authorized Officer:	304-897-9911				
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
			shed by fine or forfeiture under the Cor r Title 18 of the United States Code, 18		, 47 U.S.C.

Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION Signature of Authorized Officer		Sompany -NORTHERN D	mstrong Telephone Cofficer Controller	Name of Reporting Carrier ' ' Signature of Authorized Officer Printed name of Authorized Off Title or position of Authorized Telephone number of Authorized
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Name of Reporting Carrier ITS Telecommunications Systems, Inc. Signature of Authorized Officer Albha Mallan	ent/CFO T-3767 ext. Filing Due Date for this form 10/4/2012			The second secon		
ations Systems, Inc. Much ent/CFO 7-3767 ext.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. The porting Carrier ITS Telecommunications Systems, Inc.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	210331	ludy Area Code of Reporting Carrier
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ations Systems, Inc.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Value of Reporting Carrier ITS Telecommunications Systems, Inc.				e President/CFO	tte or position of Authorized Officer Vic
S Telecommunications Systems, Inc.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. The communication of Authorized Officer Communications Systems, Inc. Date 09/25/2012				Pittman	inted name of Authorized Officer Don
Name of Reporting Carrier ITS Telecommunications Systems, Inc.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Same of Reporting Carrier ITS Telecommunications Systems, Inc.	Date 09/25/2012			Haman	gnature of Authorized Officer ALB
	Certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			lems, Inc.	ommunications Syst	ame of Reporting Carrier ITS Telec

Cert	fication of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	lata reported; and, to the	
Name of Reporting Carrier: NORTHE	AST FLORIDA			
Debora Signature of Authorized Officer:	ah Nobles	Digitally signed by Deborah Nobles,email=dnobles@tow , Date:9/25/2012	Nobles DN:cn=Deborah /nes.net,O=northeast florida,I=	Date: 9/25/2012
Printed name of Authorized Officer:	Deborah Nobles			
Title or position of Authorized Officer:	VP Regulatory Affa	irs		
Telephone number of Authorized Officer:	904-688-0029			
Study Area Code of Reporting Carrier	210335	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		17 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: GTC, INC					
Michae Signature of Authorized Officer:	el Skrivan		Digitally signed by Michael S Skrivan,email=mskrivan@fai Date:9/28/2012		Date: 9/28/2012
Printed name of Authorized Officer:	Michael Skriva	n			
Title or position of Authorized Officer:	Vice-President F	Regulatory			
Telephone number of Authorized Officer:	207-535-4150				
Study Area Code of Reporting Carrier	210339		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

U.S.C. §§ 502, 503(b), or fine or	cations Act of 1934, 47 C. § 1001.	is form can be punished by fine or forfeiture under the Communications A imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	rting Carrier 220324	Study Area Code of Reporting Carrier
			Telephone number of Authorized Officer: (706) 645-8752 ext.	Telephone number of Aut
			Title or position of Authorized Officer Chief Financial Officer	Title or position of Author
			d Officer Todd Holt	Printed name of Authorized Officer Todd Holt
Date 9/25/12			Signature of Authorized Officer M. 7.8 X	Signature of Authorized C
			Name of Reporting Carrier Valley Telephone Co., LLC	Name of Reporting Carrie
d; and, to the best of my	he actual data reporte	ties include ensuring the accuracy of t	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	I certify that I am an offi knowledge, the informa
rted	NF ICC Data Repo	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certification of Office	

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier, ALMA TELEPHONE CO., INC. Signature of Authorized Officer Frinted name of Authorized Officer KEVIN K. BROOKS Title or position of Authorized Officer PRESIDENT Telephone number of Authorized Officer. ((912) 632-8603 ext.	CONTRACTOR OF THE PARTY OF THE	10/4/2012	(mm/dd/yyyy)	4	220344	Study Area Code of Reporting Carrier
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Jame of Reporting Carrier ALMA TELEPHONE CO., INC.				2-8603 ext	(912) 63	elephone number of Authorized Officer:
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my mowledge, the information reported on this form is accurate. I ame of Reporting Carrier ALMA TELEPHONE CO., INC. Include ansuring the accuracy of the actual data reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported; and, to the best of my mowledge, the information reported on this form is accurate.					RESIDENT	itle or position of Authorized Officer PF
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate. Accurate of Reporting Carrier ALMA TELEPHONE CO., INC.				OOKS	IN K. BRO	rinted name of Authorized Officer KEV
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate.	Date 09-26-2012		as de la	M	1	ignature of Authorized Officer
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my nowledge, the information reported on this form is accurate.			1	E CO., INC.	LEPHON	ame of Reporting Carrier ALMA TE
	ted; and, to the best of my	the actual data repo	s include ensuring the accuracy of	my responsibilitie accurate.	n this form is	certify that I am an officer of the repo nowledge, the information reported o

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: BRANTLI	EY TEL CO						
Donov Signature of Authorized Officer:	an Strickland	Digitally signed by Donovan Strickland,email=donos@bt co,l=Nahunta GA 31553, Da		Date: 9/25/2012			
Printed name of Authorized Officer:	Donovan Stricklar	nd					
Title or position of Authorized Officer: Vice President/General Manager							
Telephone number of Authorized Officer:	912-462-5111						
Study Area Code of Reporting Carrier	220347	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		47 U.S.C.			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: BULLOC	H COUNTY RURAL						
Dennis Signature of Authorized Officer:	s Lewis	Digitally signed by Dennis Le=is@mail, dle=isw bulloo@ate:9/25/2012	_e= is DN:cn, Dennis ch.net@, bulloch county rural@	Date: 9/25/2012			
Printed name of Authorized Officer:	Dennis Lewis						
Title or position of Authorized Officer: General Manager/COO							
Telephone number of Authorized Officer:	912-865-1100						
Study Area Code of Reporting Carrier	220348	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		17 U.S.C.			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: CHICKAN	MAUGA TEL CORP						
Charle Signature of Authorized Officer:	s Fail	Digitally signed by Charles Fail,email=charlief@nexbar corp,I=Bay Springs MS 394	nd.com,O=chickamauga tel	Date: 9/26/2012			
Printed name of Authorized Officer:	Charles Fail						
Title or position of Authorized Officer:	President						
Telephone number of Authorized Officer:	601-764-3463						
Study Area Code of Reporting Carrier	220354	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

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Persons willfully making talse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
Study Area Code of Reporting Carrier 220355 (mm/dd/yyyy) 10/4/2012
relephone number of Authorized Difficer: (229 874 4:145
Tille or position of Authorized Officer General Manager
Primed name of Authorized Officer S. Chad Ledger
Signature of Authorized Officer Pole 9/27/12
Name of Reporting Carrier Citizens Telephone Company, Inc.
t certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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47 U.S.C. §§ 502, 503(b), or fine or	ations Act of 1934, 5 5 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,
	10/4/2012	Study Area Code of Reporting Carrier 220358 Filing Due Date for this form (mm/dd/yyyy)
		Telephone number of Authorized Officer: (912) 437-4111 ext.
		Tills or position of Authorized Officer Vice President
		Printed name of Authorized Officer Reginald V. Jackson
Date 09/25/2012		Signature of Authorized Officer Recyclically to perfect the second
		Name of Reporting Carrier Darien Telephone Company
rted; and, to the best of my	ne actual data rep	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
ported	F ICC Data Re	Certification of Officer as to the Accuracy of the CAF ICC Data Reported

Certification of Officer as to the Accuracy of the CAF ICC Data Reported								
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: ELLIJAY	TEL CO							
Darrell Signature of Authorized Officer:	Harper		Digitally signed by Darrell Harper,email=darrellh@ellija Date:9/26/2012		Date: 9/26/2012			
Printed name of Authorized Officer:	Darrell Harper							
Title or position of Authorized Officer:	Assistant Vice P	resident						
Telephone number of Authorized Officer:	706-697-5519							
Study Area Code of Reporting Carrier	220360		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: GLENWO	OOD TEL CO						
Janice Signature of Authorized Officer:	O'Brien	Digitally signed by Janice O O'Brien,email=jeogtc@glenv od tel co,l=Glenwood GA 30	woodtelephone.com,O=glenwo	Date: 9/25/2012			
Printed name of Authorized Officer:	Janice O'Brien						
Title or position of Authorized Officer:	President						
Telephone number of Authorized Officer:	912-523-5111						
Study Area Code of Reporting Carrier	220365	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: HART TE	L CO				_		
Randy Signature of Authorized Officer:	Daniel		Digitally signed by Randy I Daniel,email=randy@hartc GA 30643, Date:9/25/2012	om.net,O=hart tel co,I=Hartwell	Date: 9/25/2012		
Printed name of Authorized Officer:	Randy Daniel						
Title or position of Authorized Officer:	President						
Telephone number of Authorized Officer:	706-376-4701						
Study Area Code of Reporting Carrier	220368		ng Due Date for this form n/dd/yyyy)	10/4/2012			
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported lentify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the heast of my knowledge, the information reported on this form is accurate.	id, to the heat of my
Name of Reporting Carrier ComSouth Telecommunications, Inc.	
Signature of Authorized Officer 1 1887 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09/28/2012
cer Scott C. Obert-Thorn	
Title or position of Authorized Officer Chief Financial Officer	
Telephone number of Authorized Officer: (478) 783-4001 ext	
Study Area Code of Reporting Carrier 220369 Filing Due Date for this form 10/4/2012	
Persons willfully making false statements on this form can be purished by fine or forfeiture under the Communications Aut of 1904,47 U.S.C. 饕 502. 50308,如 fine or interest the U.S.C. § 1903.	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: PEMBRO	KE TEL CO						
Mary A Signature of Authorized Officer:	Anna Hite	Hite,ema	signed by Mary Anna Hite E ail=mahite@pemtelco.com,C nbroke GA 31321, Date:9/2)=pembroke tel	Date: 9/25/2012		
Printed name of Authorized Officer:	Mary Anna Hite						
Title or position of Authorized Officer: Secretary-Treasurer/General Manager							
Telephone number of Authorized Officer:	912-653-4389						
Study Area Code of Reporting Carrier	220376	Filing Due Date fo (mm/dd/yyyy)	r this form 10/	4/2012			
Persons willfully making false state §§ 502, 503(b		can be punished by fine or forfei nment under Title 18 of the United			u.s.c.		

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: PINELAN	ID TEL COOP						
Linda Signature of Authorized Officer:	Wallace	Digitally signed by Linda Wa Wallace,email=lwallace@pi tel coop,l=Metter GA 30439	nelandtelco.com,O=pineland	Date: 9/25/2012			
Printed name of Authorized Officer:	Linda Wallace						
Title or position of Authorized Officer: Director of Bus & Fin Operations							
Telephone number of Authorized Officer:	912-685-2121						
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		47 U.S.C.			

Certi	Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: PLANTER	RS RURAL COOP						
John L Signature of Authorized Officer:	acienski		Digitally signed by John Laci Lacienski,email=jclacien@pl coop,l=Newington GA 30446	anters.net,O=planters rural	Date: 9/25/2012		
Printed name of Authorized Officer:	John Lacienski						
Title or position of Authorized Officer:	President						
Telephone number of Authorized Officer:	912-857-4411						
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.		

47 U.S.C. §§ 502, 503(b), or fine or	is form can be punished by fine or forfeiture under the Communications Act of 1934, imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	Filing Due Date for this form 10/4/2012	Study Area Code of Reporting Carrier 220379
		Telephone number of Authorized Officer: (229) 528-4777 ext.
	RAL MANAGER	Title or position of Authorized Officer PRESIDENT & GENERAL MANAGER
	0	Printed name of Authorized Officer DANNY E. STERLING
Date 9/25/2012	2:	Signature of Authorized Officer
	NY	Name of Reporting Carrier PLANT TELEPHONE COMPANY
rted; and, to the best of my	ities include ensuring the accuracy of the actual data repo	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
oorted	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certification of Office

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the			
Name of Reporting Carrier: PROGRE	SSIVE RURAL					
Wayne Signature of Authorized Officer:	Dixon	Digitally signed by Wayne D Dixon,email=swdixon@prog rural,l=Rentz GA 31075, Da	ressivetel.com,O=progressive	Date: 9/27/2012		
Printed name of Authorized Officer:	Wayne Dixon					
Title or position of Authorized Officer:	General Manager					
Telephone number of Authorized Officer:	478-984-4201					
Study Area Code of Reporting Carrier	220380	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
		an be punished by fine or forfeiture under the Connent under Title 18 of the United States Code, 18		7 U.S.C.		

1 13	Title or position of Authorized Officer President Telephone number of Authorized Officer: 1478)847 4111, ext. 6520	Printed name of Authorized Officer James L. Bond	Signature of Authorized Officer	Name of Reporting Carrier Public Service Telephone Company	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
10/4/2012			Date September 27, 2012		CAF ICC Data Report

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Name of Reporting CarrierRinggold Telephone Company Signature of Authorized Office Dukes Printed name of Authorized OfficerC.F.O. Title or position of Authorized OfficerC.F.O.	Date 9/26/2012	1 job	1d Telephone - Lay Cl a K. Dukes F.O. 706,-965-1255	Name of Reporting CarrierR inggo Signature of Authorized Officer Printed name of Authorized OfficerLis Title or position of Authorized OfficerC
kompany	Date 9/26/2012	Company	1d Telephone Lay Cu a K. Dukes F.O.	lame of Reporting Carrier Ringgo ignature of Authorized Officer rinted name of Authorized OfficerLis
the Company	Date 9/26/2012	Company	ld Telephone	lame of Reporting Carrier Ringgo lignature of Authorized Officer
ggold Telephone Company	Date 9/26/2012	Company	Id Telephone	ame of Reporting Carrier Ringgo
		Kompany	ld Telephone	ame of Reporting Carrier Ringgo

Name of Reporting Carrier Trenton Telephone Co Signature of Authorized Officer Steven W. Tatum Title or position of Authorized Officer Vice President Telephone number of Authorized Officer: (706) 657-4367, ext. Study Area Code of Reporting Carrier 220389 Filing Due Date for this form 10/4/2012	porting carrier; my responsibilities include ensuring the accuracy of the actual data reported on this form is accurate. Telephone Co Steader W. Tatum Vice President Filing Due Date for this form 10/4/2012					Doronne willfully months followed the state of the state
2. Latium	i certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Trenton Telephone Co Signature of Authorized Officer	12	10/4/201	Filing Due Date for this form (mm/dd/yyyy)	220389	Study Area Code of Reporting Carrier
w. Jotum	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Trenton Telephone Co Signature of Authorized Officer Steven W. Tatum Tritle or position of Authorized Officer Vice President				(706) 657-4367 ext.	Telephane number of Authorized Officer:
w. Jetum	i certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Trenton Telephone Co Signature of Authorized Officer Steven W. Tatum Date 09/27/2012				President	Title or position of Authorized Officer VICE
Steven w. 1 sture	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Trenton Telephone Co Signature of Authorized Officer **				n W. Tatum	Printed name of Authorized Officer Steve
Name of Reporting Carrier Trenton Telephone Co	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Trenton Telephone Co	Date 09/27/2012		J. Jatum	Lamen 2	
	l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				lephone Co	Name of Reporting Carrier Trenton Te
	l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
		a reported; and, to the best of my	the actual data	ilities include ensuring the accuracy of	this form is accurate.	I certify that I am an officer of the report knowledge, the information reported on
l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.						
l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	a Reported	AF ICC Data	er as to the Accuracy of the CA	Certification of Offic	

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		=	lata reported; and, to the	9
Name of Reporting Carrier: WAVERL	Y HALL, LLC			
	t Jones	Digitally signed by Robert Jo Jones,email=rjones@wavet Ilc,l=Waverly Hall GA 31831	el.us,O=waverly hall,	Date: 9/27/2012
Signature of Authorized Officer:				I
Printed name of Authorized Officer:	Robert Jones			
Title or position of Authorized Officer:	General Manager			
Telephone number of Authorized Officer:	706-582-3333			
Study Area Code of Reporting Carrier	220392	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		934, 47 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual d ırate.	ata reported; and, to the			
Name of Reporting Carrier: WILKES	TEL & ELC CO					
Georg Signature of Authorized Officer:	e Dyson	Digitally signed by George I Dyson,email=gad@nu-z.net co,l=Washington GA 30673	,O=wilkes tel & elc	Date: 9/25/2012		
Printed name of Authorized Officer:	George Dyson					
Title or position of Authorized Officer:	President/Owner					
Telephone number of Authorized Officer:	706-678-9544					
Study Area Code of Reporting Carrier	220394	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012			
		can be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		934, 47 U.S.C.		

Certification of Officer as to the Accuracy of the CAF ICC Data Reported	orted
l certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	ted; and, to the best of my
tion of Brooding Carrier Ellerbe Telephone Company	Listania (in control of the control
	Date 9/27/12
Printed name of Authorized Officer Herbert Long, Jr. 1	
Trile or position of Authorized Officer Vice President	MATERIAL TOTAL CONTRACTOR OF THE PARTY OF TH
Telephone number of Authorized Officer: (910) 652-2221 ext.	
Study Area Code of Reporting Carrier 230478 Filing Due Date for this form 10/4/2012	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. lame of Reporting Carrier, North State Telephone Company d/b/a North State Communications signature of Authorized Officer Authorized Officer Vice President - Corporate Administration relephone number of Authorized Officer. (336) 886-3628 ext. Filing Due Date for this form 10/4/2012	ignature of Authorized Officer Vice President - Carrier Vorth State Telephone Carrier North State Telephone Carrier Ca
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my movine of Reporting Carrier North State Telephone Company d/b/a North State Communications ignature of Authorized Officer James D. McCarson ittle or position of Authorized Officer Vice President - Corporate Administration elephone number of Authorized Officer (336) 886-3628 ext.	lame of Reporting Carrier North State Telephone Carrier North State Telephone Carrier North State Telephone Carrier Standard Officer Standard Difficer Standard Difficer Standard Difficer Vice President - Calephone number of Authorized Officer (336) 886-362
Accuracy of the CAF ICC Data Reponsuring the accuracy of the actual data reporte North State Communications	ittle or position of Authorized Officer Vice President - C
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Idame of Reporting Carrier North State Telephone Company d/b/a North State Communications ignature of Authorized Officer James D. McCarson Carrier James D. McCarson	Name of Reporting Carrier North State Telephone Carrier Signature of Authorized Officer Sames D. McCarso
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REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 230494 Filling Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (704) \$81-2001 ext	Title or position of Authorized Officer (2 CMERA) MANAGLE	Printed name of Authorized Officer Gary W. Crccch	Signature of Authorized Officer & Oury W Called	Name of Reporting Carrier Pinzyille Telephone Company	 I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	
502, 503(b), or fine or					1-25-12		he best of my		

10/1/00/10	(mm/dd/yyyy)	230496	Study Area Code of Reporting Carrier
	Filling Due Date for this form	(336) 622-7924 ext	Telephone number of Authorized Officer:
The second of th		sident	Tille or position of Authorized Officer President
	A THE PROPERTY OF THE PROPERTY	ım J. Allen	Printed name of Authorized Officer William J. Alien
Date 09/25/2012	1. allen	Man	Signature of Authorized Officer
	skip Corporation	Telephone Membe	Name of Reporting Carrier Randolph Telephone Membership Corporation
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centify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my moving the information reported on this form is accurate.	lities include ensuring the accuracy of th	ing carrier; my responsib	I certify that I am an officer of the reporting carrier; my respon
AF ICC Data Reported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certification of Offic	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported								
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: SURRY N	MEMBERSHIP							
Curtis Taylor Signature of Authorized Officer:		Taylor,email=ctaylor@surry.	Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:9/25/2012					
Printed name of Authorized Officer:	Curtis Taylor							
Title or position of Authorized Officer:	CEO							
Telephone number of Authorized Officer:	336-374-4535							
Study Area Code of Reporting Carrier	230497	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §\$ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

Certification of Officer as to the Accuracy of the CAF ICC Data Reported									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier: STAR ME	EMBERSHIP CORP				,				
Lyman Horne Signature of Authorized Officer:			Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=Imhorne@stmc.net,O=star membership corp,I=Clinton NC 28328, Date:9/24/2012		Date: 9/24/2012				
Printed name of Authorized Officer:	Lyman Horne								
Title or position of Authorized Officer:	EVP & General M	1anager							
Telephone number of Authorized Officer:	910-564-7827								
Study Area Code of Reporting Carrier	230502		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			lata reported; and, to the	e
Name of Reporting Carrier: SURRY N	MEMBERSHIP			
	Taylor	Digitally signed by Curtis Ta Taylor,email=ctaylor@surry membership,I=Dobson NC 2	.net,O=surry	Date: 9/25/2012
Signature of Authorized Officer:				
Printed name of Authorized Officer:	Curtis Taylor			
Title or position of Authorized Officer:	CEO			
Telephone number of Authorized Officer:	336-374-4535			
Study Area Code of Reporting Carrier	230503	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C nent under Title 18 of the United States Code, 1		934, 47 U.S.C.

Study Area Code of Reporting Carrier 230505 Filing Due Date for this form 10/4/2012
Telephone number of Authorized Officer: (252) 964-8000 ext.
Title or position of Authorized Officer CEO/General Manager
Printed name of Authorized Officer Gregory & Coltrain
Signature of Authorized Officer Noutery S. College.
Name of Reporting Carrier TriCounty Telephone Membership Corp
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

Name of Reporting Carrier Wilkes Telephone Membership Corp Signature of Authorized Officer Printed name of Authorized Officer Eric S. Cramer Title or position of Authorized Officer Chief Executive Officer Telephone number of Authorized Officer: (336) 973-3103 ext Telephone number of Authorized Officer: (336) 973-3103 ext Study Area Code of Reporting Carrier 230510 Committed Officer Chief Executive Officer Chief Execu	ride ensuring the accuracy of the actual data reporte in the interest of the actual data reporte in the actual data reporte in the interest of the interest	rmation reported on this form is accurate. Comparison Comparison		
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	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Wilkes Telephone Membership Corp Signature of Authorized Officer Frinted name of Authorized Officer Eric S. Cramer Title or position of Authorized Officer Chief Executive Officer	rmation reported on this form is accurate. arrier Wilkes Telephone Membership Corp red Officer Eric S. Cramer whorized Officer Chief Executive Officer	03 ext	-
	heartify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Wilkes Telephone Membership Corp Signature of Authorized Officer Eric S. Cramer	orfficer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my brination reported on this form is accurate. Samer Wilkes Telephone Membership Corp Ted Officer Eric S. Cramer Date 9/26/2012	Officer	tle or position of Authorized Officer Chief Executive Off
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	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my xmation reported on this form is accurate.	bership Corp	ame of Reporting Carrier Wilkes Telephone Membe

Certi	fication of Officer	r as to the Accurac	cy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			g the accuracy of the actual o	data reported; and, to the	
Name of Reporting Carrier: PALMET	TO RURAL COOP				
Dewain Signature of Authorized Officer:	ne Wilson		Digitally signed by Dewaine Wilson,email=dewaine.wils coop,l=, Date:9/26/2012	e Wilson DN:cn=Dewaine on@prtc.coop,O=palmetto rural	Date: 9/26/2012
Printed name of Authorized Officer:	Dewaine Wilson				
Title or position of Authorized Officer:	Controller				
Telephone number of Authorized Officer:	843 538-9382				
Study Area Code of Reporting Carrier	240536	_	Due Date for this form d/yyyy)	10/4/2012	
Persons willfully making false state §§ 502, 503(b			fine or forfeiture under the C of the United States Code, 1		47 U.S.C.

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Piedmont Rural Telephone Cooperative, Inc. Printed name of Authorized Officer Randal J. Odom Title or position of Authorized Officer Chief Executive Officer Telephone number of Authorized Officer: (864) 682-3131 ext.	Date	orting Carrier Piedmont Rural Telephone Cooper Authorized Officer Randal J. Odom of Authorized Officer Chief Executive Officer Chief Officer (864) 682-3131 ext.
ties include ensuring the accuracy of the actual data reported; and poperative, Inc.	Date	orting Carrier Piedmont Rural Telephone Cooper Authorized Officer Authorized Officer Randal J. Odom of Authorized Officer Chief Executive Officer
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the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and apprised on this form is accurate. edmont Rural Telephone Cooperative, Inc.	Date	orling Carrier Piedmont Rural Telephone Cooper
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	clude ensuring the accuracy of the actual data reported; and, to the best of my	I am an officer of the reporting carrier; my responsibilities inc
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	to the Accuracy of the CAF ICC Data Reported	Certification of Officer as t

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual d	ata reported; and, to the	
Name of Reporting Carrier: PBT TELE	ECOM, INC.				
L. Spea	arman		Digitally signed by L. Speam Spearman,email=bspearmar inc.,l= , Date:9/25/2012		Date: 9/25/2012
Printed name of Authorized Officer:	L. Spearman				
Title or position of Authorized Officer:	Director of Busin	ess Developr	ment		
Telephone number of Authorized Officer:	803-894-1104				
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Certification of Officer as to the Accuracy of the CAF sporting carrier; my responsibilities include ensuring the accuracy of the add on this form is accurate. If Telephone Cooperative, Inc. Code Chambers CEO/Manager (843) 658-6379 ext. Filing Due Date for this form 240546 Filing Due Date for this form	Certification of Officer as to the Accuracy of the CAF ICC Data Reported knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of Authorized Officer Lee Chambers Title or position of Authorized Officer Lee Chambers Telephone number of Authorized Officer: (843) 658-6379 ext. Study Area Code of Reporting Carrier: 240546 [mm/dd/yyyy] Study Area Code of Reporting Carrier: 240546 [mm/dd/yyyy]			1000		
Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of Authorized Officer Lee Chambers Title or position of Authorized Officer CEO/Manager Telephone number of Authorized Officer: (843) 658-6379 ext. Telephone number of Authorized Officer: (843) 658-6379 ext.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of Authorized Officer Lee Chambers Title or position of Authorized Officer CEO/Manager Telephone number of Authorized Officer (843) 658-6379 ext. Telephone number of Authorized Officer: (843) 658-6379 ext.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	240546	Study Area Code of Reporting Carrier
Certification of Officer as to the Accuracy of the CAF ICC Data Reported i certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of Authorized Officer Cooperative, Inc. Date 9/25/2012 Title or position of Authorized Officer CEO/Manager	Certification of Officer as to the Accuracy of the CAF ICC Data Reported lentify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sandhill Telephone Cooperative, Inc. Signature of Authorized Officer Lee Chambers: Title or position of Authorized Officer CEO/Manager				(843) 658-6379 ext.	elephone number of Authorized Officer:
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	ted; and, to the best of my	he actual data repon	ties include ensuring the accuracy of t	ting carrier; my responsibilit this form is accurate.	I certify that I am an officer of the reporknowledge, the information reported or
		orted	NF ICC Data Rep	r as to the Accuracy of the C/	Certification of Office	

	7107/4/7017	(mm/dd/yyyy)	240000	Study Area Code of Reporting Carrier
	ADIAIDOAD	Filing Due Date for this form	240550	
			(864) 446-2111 ext	Telephone number of Authorized Officer:
			0	Title or position of Authorized Officer CEO
			J. Herron	Printed name of Authorized Officer David J. Herron
Date 09/28/2012			27	Signature of Authorized Officer
		Cooperative, Inc.	lina Rural Telephone	Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.
oorted red; and, to the best of my	F ICC Data Rep	Certification of Officer as to the Accuracy of the CAF ICC Data Reported ting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and this form is accurate.	Certification of Officer ing carrier, my responsibility this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported is certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	lata reported; and, to the	
Name of Reporting Carrier: BLOUNT	SVILLE TEL LLC			
Dennis Signature of Authorized Officer:	s Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote Ilc,l=, Date:9/26/2012	.ndrews DN:cn=Dennis elcotel.com,O=blountsville tel	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			·
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	250282	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 19		47 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			e ensuring the accuracy of the actual d	ata reported; and, to the	
Name of Reporting Carrier: BRINDLE	E MOUNTAIN				
Dennis Signature of Authorized Officer:	Andrews		Digitally signed by Dennis A Andrews,email=dennis@ote mountain,l= , Date:9/26/20	elcotel.com,O=brindlee	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrew	rs.			-
Title or position of Authorized Officer:	Sr Vice Presider	nt			
Telephone number of Authorized Officer:	256-586-1420				
Study Area Code of Reporting Carrier	250283		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Name of Reporting Cerrier Castlebarry Telaytone Co., Inc.
Signature of Authorized Officer 9600 926-72
Printed name of Authorized Officer Hopen ear /to//angd
Tills or position of Authorized Officer Same / Towards
Telephone number of Authorized Officer (マン) らんかーコルン
Study Area Code of Reporting Carrier 250285 Immediatyyyy) 10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported in certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier National Telephone of Alabama, Inc. Signature of Authorized Officer James W. Garner Title or position of Authorized Officer Vice President of Operations Telephone number of Authorized Officer: (601) 354-9070 ext. Study Area Code of Reporting Carrier 250286 Study Area Code of Reporting Carrier 250286				- Control	Control and the Control of the Contr
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported Incertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier National Telephone of Alabama, Inc. Signature of Authorized Officer James W. Garner Title or position of Authorized Officer Vice President of Operations Telephone number of Authorized Officer: (601) 354-9070 ext.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	250286	tudy Area Code of Reporting Carrier
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier National Telephone of Alabama, Inc.	Date 9/26/2012	1		W Ta	ignature of Authorized Officer
Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			abama, Inc.	elephone of Al	lame of Reporting Carrier National T
Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				-	
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	ported; and, to the best of my	the actual data re	nsibilities include ensuring the accuracy of ',	ing carrier; my respo this form is accurate	certify that I am an officer of the reporti nowledge, the information reported on
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
	Reported	AF ICC Data F	Officer as to the Accuracy of the Co	Pertification of C	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my mowledge, the information reported on this form is accurate. Jane of Reporting Carrier Farmers Telecommunications Cooperative, Inc. Later of Authorized Officer Tyler Pair

Persons willfully making false statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 250295 Filling Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (706) 645-8752 ext.	Title or position of Authorized Officer Chief Financial Officer	Printed name of Authorized Officer Todd Holt	Signature of Authorized Officer 17 7.30 744 Date 9/25/12	Name of Reporting Carrier Knology Total Communications, Inc.	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported
503(b), or fine or					5/12		est of my	

47 U.S.C. §§ 502, 503(b), or fine or	cations Act of 1934,), § 1001,	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form imprise
	10/4/2012	99 (mm/dd/yyyy)	Study Area Code of Reporting Carrier 250299
			Telephone number of Authorized Officer: ((334) 37.1-3008.
			Title or position of Authorized Officer COO
		usey	Printed name of Authorized Officer Evelyn P Causey
Date 09/27/2012		P. Causes	Signature of Authorized Officer 6
		one Company, Inc.	Name of Reporting Carrier Hayneville Telephone Company, Inc.
rted; and, to the best of my	ne actual data repo	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my (nowledge, the information reported on this form is accurate.	l certify that I am an officer of the reporting carrier; my responknowledge, the information reported on this form is accurate.
oorted	F ICC Data Re	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Certificati

Cert	ification of Officer as	to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting care best of my knowledge, the information reported		=	ata reported; and, to the	9
Name of Reporting Carrier: HOPPER	TELECOMM. LLC			
Dennis Signature of Authorized Officer:	s Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote telecomm. llc,l= , Date:9/26	elcotel.com,O=hopper	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			'
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	250300	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		be punished by fine or forfeiture under the Cent under Title 18 of the United States Code, 1		934, 47 U.S.C.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the	
Name of Reporting Carrier: MILLRY	ΓEL CO			
Bobby Signature of Authorized Officer:	Williams	Digitally signed by Bobby W Williams,email=bobbywillian co,I=Millry AL 36558-0561, I	ns@millry.net,O=millry tel	Date: 9/25/2012
Printed name of Authorized Officer:	Bobby Williams			
Title or position of Authorized Officer:	Vice President and	Assistant Secretary		
Telephone number of Authorized Officer:	251-846-2911			
Study Area Code of Reporting Carrier	250304	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Coment under Title 18 of the United States Code, 19		, 47 U.S.C.

Cer	tification of Officer as	to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting car best of my knowledge, the information reporte			lata reported; and, to the	
Name of Reporting Carrier: MON-CF	RE TEL COOP			
Linda Signature of Authorized Officer:	Missildine	Digitally signed by Linda Mi Missildine,email-lfm11@mc coop,l=Ramer AL 36069, D	on-cre.net,O=mon-cre tel	Date: 9/25/2012
Printed name of Authorized Officer:	Linda Missildine			,
Title or position of Authorized Officer:	CFO			
Telephone number of Authorized Officer:	334-562-3242			
Study Area Code of Reporting Carrier	250305	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		n be punished by fine or forfeiture under the C ent under Title 18 of the United States Code, 1		34, 47 U.S.C.

Cert	ification of Officer as	to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting car best of my knowledge, the information reported			lata reported; and, to the	9
Name of Reporting Carrier: MOUND	VILLE TEL CO			
Larry Signature of Authorized Officer:	Taylor	Digitally signed by Larry Ta Taylor,email=larry@mound co,l=Moundville AL 35474, l	net,O=moundville tel	Date: 9/26/2012
Printed name of Authorized Officer:	Larry Taylor			1
Title or position of Authorized Officer:	President			
Telephone number of Authorized Officer:	205-371-9011			
Study Area Code of Reporting Carrier	250307	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		n be punished by fine or forfeiture under the C ent under Title 18 of the United States Code, 1		934, 47 U.S.C.

Cert	ification of Officer a	s to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the	3
Name of Reporting Carrier: OTELCO	TELEPHONE LLC			
Dennis Signature of Authorized Officer:	s Andrews	Digitally signed by Dennis A Andrews,email=dennis@ote telephone llc,l= , Date:9/26/	elcotel.com,O=otelco	Date: 9/26/2012
Printed name of Authorized Officer:	Dennis Andrews			
Title or position of Authorized Officer:	Sr Vice President			
Telephone number of Authorized Officer:	256-586-1420			
Study Area Code of Reporting Carrier	250312	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		n be punished by fine or forfeiture under the Co nent under Title 18 of the United States Code, 18		934, 47 U.S.C.

	(mm/dd/www)	Study Area Code of Reporting Carrier
	te for this form	250315
		Telephone number of Authorized Officer: (334) 385-2106 ext.
		Title or position of Authorized Officer President
		Printed name of Authorized Officer John C. Nettles
Date 9/26/2012	-1.11 MM-	Signature of Authorized Officer
	4 / /	Name of Reporting Carrier PINE BELT TEL CO
Data Reported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported through the CAF ICC Data Reported are considered that the constant of the actual data reported; and this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ties include ensuring the accuracy of the actual d urate.	ata reported; and, to the	
Name of Reporting Carrier: RAGLAN	D TEL CO			
Peggy Signature of Authorized Officer:	Dickinson	Digitally signed by Peggy Di Dickinson,email=peggydicki tel co,l=Ragland AL 35131,	nson@ragland.net,O=ragland	Date: 9/24/2012
Printed name of Authorized Officer:	Peggy Dickinson			
Title or position of Authorized Officer:	President			
Telephone number of Authorized Officer:	205-472-2141			
Study Area Code of Reporting Carrier	250316	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 18		17 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported	FICC Data Rep	orted
t certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	e actual data repon	rted; and, to the best of my
Name of Reporting Carrier Rognoke Telephone, Company, Inc.		
Signature of Authorized Officer (UM (J. Y)		
		Date 9/26/2012
Printed name of Authorized Offices James W. Garner		Dale 9/26/2012
Printed name of Authorized Officer James W. Garner Title or position of Authorized Officer Vice President of Operations		Date 9/26/2012
B 19		Date 9/26/2012

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting care best of my knowledge, the information reported		=	lata reported; and, to the	
Name of Reporting Carrier: UNION S	PRINGS TEL CO			
Larry (Signature of Authorized Officer:	Grogan	Digitally signed by Larry Gro Grogan,email=lcgrogan@us tel co,l=Montgomery AL 361	stconline.net,O=union springs	Date: 9/25/2012
Printed name of Authorized Officer:	1			
Title or position of Authorized Officer:	Larry Grogan President			
Telephone number of Authorized Officer:	334-279-8201			
Study Area Code of Reporting Carrier	250322	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C nent under Title 18 of the United States Code, 1		47 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual orate.	data reported; and, to the		
Name of Reporting Carrier: BALLARI	O RURAL COOP				
Harlor Signature of Authorized Officer:	Parker	Digitally signed by Harlon F Parker,email=manager@br coop,l=La Center KY 42050	tc.net,O=ballard rural	Date: 9/26/2012	
Printed name of Authorized Officer:	Harlon Parker				
Title or position of Authorized Officer:	CEO/General Man	ager			
Telephone number of Authorized Officer:	270-665-5186				
Study Area Code of Reporting Carrier	260396	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Telephone number of Authorized Officer: (270) 422-2121 ext. Filing Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 260398 (mm/dd/yyyy) 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or fine or forfeiture under the United States Code, 18 U.S.C. § 1001.	Name of Reporting Carrier Brandenburg Telephone Company, Inc. Signature of Authorized Officer Allison Willoughby Printed name of Authorized Officer Allison Willoughby Title or position of Authorized Officer Assistant General Manager	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the Information reported on this form is accurate.
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			lata reported; and, to the		
Name of Reporting Carrier: DUO CO	UNTY TEL COOP				
Daryl I Signature of Authorized Officer:	Hammond	Digitally signed by Daryl Ha Hammond,email=dhammon tel coop,l=Jamestown KY 4.	nd@duotel.com,O=duo county	Date: 9/24/2012	
Printed name of Authorized Officer:	Daryl Hammond			·	
Title or position of Authorized Officer:	Chief Financial Office	cer			
Telephone number of Authorized Officer:	270-343-3131				
Study Area Code of Reporting Carrier	260401	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.						
Name of Reporting Carrier: FOOTHIL	LS RURAL COOP					
Ruth C Signature of Authorized Officer:	onley		Digitally signed by Ruth Con Conley,email=ruthc@foothill: coop,l=Staffordsville KY 412	s.coop,O=foothills rural	Date: 9/26/2012	
Printed name of Authorized Officer:	Ruth Conley					
Title or position of Authorized Officer:	Chief Executive	Officer				
Telephone number of Authorized Officer:	606-297-9131					
Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the		
Name of Reporting Carrier: LOGAN 7	EL. COOP. INC				
Gregor Signature of Authorized Officer:	ry Hale	Digitally signed by Gregory Hale,email=ghale@loganph inc,l=Auburn KY 42206, Dat	one.com,O=logan tel. coop.	Date: 9/26/2012	
Printed name of Authorized Officer:	Gregory Hale				
Title or position of Authorized Officer:	General Manager/E	Executive V.P.			
Telephone number of Authorized Officer:	270-542-4121				
Study Area Code of Reporting Carrier	260413	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 260414 Filing Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (606) 743-3121 ext.	Title or position of Authorized Officer President	Š		Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
S.C. §§ 502, 503(b), or fine or					Date 09/26/2012		end, to the best of my	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual d ırate.	ata reported; and, to the		
Name of Reporting Carrier: PEOPLE	S RURAL COOP				
Keith (Signature of Authorized Officer:	Gabbard	Digitally signed by Keith Ga Gabbard,email=keith.gabba coop,I=McKee KY 40447, D	rd@prtc.org,O=peoples rural	Date: 9/25/2012	
Printed name of Authorized Officer:	Keith Gabbard			·	
Title or position of Authorized Officer:	CEO				
Telephone number of Authorized Officer:	606-287-7101				
Study Area Code of Reporting Carrier	260415	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the		
Name of Reporting Carrier: THACKE	R/GRIGSBY TEL				
William Signature of Authorized Officer:	n Grigsby	Digitally signed by William G Grigsby,email=b.grigsby@tg tel,l=Hindman KY 41822, Da	gtel.com,O=thacker/grigsby	Date: 9/26/2012	
Printed name of Authorized Officer:	William Grigsby			·	
Title or position of Authorized Officer:	Vice-President/Gen	neral Manager			
Telephone number of Authorized Officer:	606-785-9500				
Study Area Code of Reporting Carrier	260419	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

47 U.S.C. §§ 502, 503(b), or fine or	Persons wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or impresonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	Study Area Code of Reporting Carrier 260421 Reporting Carrier 10/4/2012
	Telephane number of Authorized Officer: ((270) 674-1000 ext.
	Title or position of Authorized Officer Chief Executive Officer
	Printed name of Authorized Officer Trevor Bonnstetter
Date 9/26/2012	Signature of Authorized Officer ()
	Name of Reporting Carrier West Kentucky Rural Telephone Cooperative Corporation, Inc KY
inted; and, to the best of my	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
ported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the CAF ICC Data Reported knowledge, the information reported on this form is accurate. Name of Reporting Carrier Carmeron Telephone Company, LLC - Louisiana Signature of Authorized Officer George J. Mack Tritle or position of Authorized Officer President and General Manager Telephone number of Authorized Officer. (337) 583-2111 ext. Filing Due Date for this form
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Cameron Telephoche Company, LLC – Louisiana Signature of Authorized Officer George J. Mack Theor position of Authorized Officer President and General Manager Telephone number of Authorized Officer: (337) 583-2111 ext.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported learning that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Cameron Telephone Company, LLC - Louisiana Signature of Authorized Officer Printed name of Authorized Officer George J. Mack Title or position of Authorized Officer President and General Manager
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Carmeron Telephone Company, LLC – Louisiana Signature of Authorized Officer George J. Mack Date 9/25/2012
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Cameron Telephone Company, LLC - Louisiana Date 9/25/2012
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Lertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Cameron Telephone Company, LLC - Louisiana
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Lertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my
Certification of Officer as to the Accuracy of the CAF ICC Data Reported
Certification of Officer as to the Accuracy of the CAF ICC Data Reported
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the		
Name of Reporting Carrier: CAMPTI-	PLEASANT HILL				
Tom E Signature of Authorized Officer:	dens	Digitally signed by Tom Ede Edens,email=tom@cp-tel.cc hill,I=Natchitoches LA 71457	om,O=campti-pleasant	Date: 9/26/2012	
Printed name of Authorized Officer:	Tom Edens				
Title or position of Authorized Officer:	CEO				
Telephone number of Authorized Officer:	318-352-0014				
Study Area Code of Reporting Carrier	270426	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

nents on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 fmprisonment under Tibe 18 of the United States Code, 18 U.S.C. § 1001.	Telephone number of Authorized Officer: (1937) 2037-2311 ext. Filling Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 270428	Title or position of Authorized Officer President (337) 685-3311	, Matt LeBianc	Signature of Authorized Officer Mark Life 19-27-12	Name of Reporting Carrier Delcambre Telephone Co	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Elizabeth, Telephone Company, LLC Signature of Authorized Officer George J. Wack Title or position of Authorized Officer President and General Manager Telephone number of Authorized Officer. (337) 583-2111 ext. Filing Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 270430 Filing Due Date for this form 10/4/2012
er as to the Accuracy of the CAF ICC Data Repolities include ensuring the accuracy of the actual data reporte Ty, LLC
Certification of Officer as to the Accuracy of the CAF ICC Data Reported i certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Elizabeth, Telephone Company, LLC Signature of Authorized Officer Ceorge J. Mack Printed name of Authorized Officer George J. Mack Title or position of Authorized Officer President and General Manager
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Elizabeth Telephone Company, LLC Signature of Authorized Officer George J. Mack Date 9/25/2012
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Elizabeth Telephone Company, LLC Date 9/25/2012
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Elizabeth, Telephone Company, LLC
Certification of Officer as to the Accuracy of the CAF ICC Data Reported is certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

Cert	ification of Officer	r as to the Accuracy	y of the CAF ICC Data F	Reported	
I certify that I am an officer of the reporting care best of my knowledge, the information reported		_	the accuracy of the actua	I data reported; and, to the	
Name of Reporting Carrier: KAPLAN	TEL CO				
Richal Signature of Authorized Officer:	d Constantin			d Constantin DN:cn=Richard c@kaplantel.net,O=kaplan tel 69, Date:9/25/2012	Date: 9/25/2012
Printed name of Authorized Officer:	Richard Constan	ntin			
Title or position of Authorized Officer:	Controller/Regulat	tory Manager			
Telephone number of Authorized Officer:	337-643-7171				
Study Area Code of Reporting Carrier	270432	Filing D (mm/dd	ue Date for this form /yyyy)	10/4/2012	
Persons willfully making false state §§ 502, 503(b			ine or forfeiture under the of the United States Code,		47 U.S.C.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data F	Reported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			I data reported; and, to the	
Name of Reporting Carrier: LAFOUR	CHE TEL CO			
Peter I Signature of Authorized Officer:	Louviere	Digitally signed by Peter Louviere,email=peter.lou he tel co,l=Larose LA 703	viere@corp.viscom.net,O=lafourc	Date: 9/25/2012
Printed name of Authorized Officer:	Peter Louviere			
Title or position of Authorized Officer:	Chief Financial Off	icer		
Telephone number of Authorized Officer:	985-693-0265			
Study Area Code of Reporting Carrier	270433	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the ment under Title 18 of the United States Code,		17 U.S.C.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ies include ensuring the accuracy of the actual c ırate.	lata reported; and, to the	
Name of Reporting Carrier: NORTHE	AST LOUISIANA			
Mike G Signature of Authorized Officer:	George	Digitally signed by Mike Ge George,email=mgeorge@n Iouisiana,l=Collinston LA 71	e-tel.com,O=northeast	Date: 9/24/2012
Printed name of Authorized Officer:	Mike George			
Title or position of Authorized Officer:	President / Genera	al Manager		
Telephone number of Authorized Officer:	318-874-7011			
Study Area Code of Reporting Carrier	270435	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		34, 47 U.S.C.

34, 47 U.S.C. §§ 502, 503(b), or fine or	ations Act of 19: . § 1001.	Persons willfully making talse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on
2	10/4/2012	270438 [Filing Due Date for this form	Study Area Code of Reporting Carrier
			Telephone number of Authorized Officer: (985)536-1326, ext
		Vice President - Chief Financial Officer	Title or position of Authorized Officer Vi
		Scott A Small	icer
9/27/2012		bach	Signature of Authorized Officer
		Reserve Telephone Company	Name of Reporting Carrier Reserve
sported; and, to the best of my	e actual data n	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	I certify that I am an officer of the reporting carrier; my responsion knowledge, the information reported on this form is accurate
Reported	F ICC Data F	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Cer

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: STAR TE	L CO				
Rebect Signature of Authorized Officer:	ca Knighten		Digitally signed by Rebecca Knighten,email=rebeccaknig star tel co,l= , Date:9/26/201	hten@star.brcoxmail.com,O=	Date: 9/26/2012
Printed name of Authorized Officer:	Rebecca Knigh	iten			
Title or position of Authorized Officer:	Controller				
Telephone number of Authorized Officer:	225-926-0191				
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: BRUCE T	EL CO - MS				
Charles Signature of Authorized Officer:	s Fail		Digitally signed by Charles F Fail,email=charlief@nexband ms,l=Bay Springs MS 39422	d.com,O=bruce tel co -	Date: 9/26/2012
Printed name of Authorized Officer:	Charles Fail				
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	601-764-3463				
Study Area Code of Reporting Carrier	280447		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ties include ensuring the accuracy of the actual durate.	ata reported; and, to the	
Name of Reporting Carrier: DECATU	R TEL CO -MS			
Esther Signature of Authorized Officer:	Smith	Digitally signed by Esther Si Smith,email=esther@decatu co -ms,I=Decatur MS 39327	ırtelephone.com,O=decatur tel	Date: 9/26/2012
Printed name of Authorized Officer:	Esther Smith			
Title or position of Authorized Officer:	President			
Telephone number of Authorized Officer:	601-635-2251			
Study Area Code of Reporting Carrier	280451	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 18		7 U.S.C.

Title or position of Authorized Officer President Telephore number of Authorized Officer. (601) 355-1522 ext Study Area Code of Reporting Carrier 280452 (mm/bd/yyyy) Study Area Code of Reporting Carrier 280452 (mm/bd/yyyy)	Name of Reporting Carrier Delta Telephone Company, Inc. Signature of Authorized Officer Starre K. Creekover London. Date 09/24/12	Title or position of Authorized Officer President Title or position of Authorized Officer President	Album K. Cice koncore Dale	Title or position of Authorized Officer President	Telephone number of Authorized Officer (601) 355-1522 ext	280452 Filing Due Date for this form
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Carrier Cert

Signature of Authorized Officer Wade H. Creekmore, Jr. Title or position of Authorized Officer President Telephone graphs of Authorized Officer President Telephone graphs of Authorized Officer (1601) 355-1522	ensuring the accuracy of the actual data reporte	Tolorbon number of highway of home ADU
	reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my ed on this form is accurate. If Telephone Company, Inc. Date: 09/24/12 Wade H. Creekmore, Jr.	Title or position of Authorized Officer Presiden
	reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my ed on this form is accurate. If I company, Inc. Date #1 Collows (19724/12)	Printed name of Authorized Officer Wade H. C
	reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my ed on this form is accurate.	Signature of Authorized Officer Wester A
	reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my ed on this form is accurate.	

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: FULTON	TEL CO				
Charle Signature of Authorized Officer:	s Fail		Digitally signed by Charles F Fail,email=charlief@nexband Springs MS 39422, Date:9/2	d.com,O=fulton tel co,I=Bay	Date: 9/26/2012
Printed name of Authorized Officer:	Charles Fail				
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	601-764-3463				
Study Area Code of Reporting Carrier	280455		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

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Study Area Codo of Reporting Carrier 280456 [mm/dd/yyyy) 10/4/2012
Telephone number of Authorized Officer (601) 858-2211 ext.
Title or position of Authorized Officer General Managor
deseph
Signature of Authorized Officer Date 09/27/2012
Name of Reporting Carrier Georgetown Telephone Co., Inc.
I contry that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Certification o≢ Officer as to the Accuracy of the CAF ICC Data Reported

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			e ensuring the accuracy of the actual d	lata reported; and, to the	
Name of Reporting Carrier: LAKESID	E TEL. CO.				
Robert Signature of Authorized Officer:	Sledge Jr.		Digitally signed by Robert S Sledge Jr.,email=rsledge@co.,l=Sunflower MS 38778,	deltaland.net,O=lakeside tel.	Date: 9/27/2012
Printed name of Authorized Officer:	Robert Sledge	Jr.			
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	662-569-3311				
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	nished by fine or forfeiture under the C er Title 18 of the United States Code, 1		47 U.S.C.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my signature of Reporting Carrier NOXAPATER TELEPHONE COMPANY, INC. Date 9/27/2012			
cy of the CAF ICC Data Reported: accuracy of the actual data reported; and, to the best of my INC. Date 9/27/2012	(Filing Due Date for this form (mm/dd/yyyy)	280461	Study Area Code of Reporting Carrier
cy of the CAF ICC Data Reported accuracy of the actual data reported; and, to the best of my INC. Date 9/27/2012		(601) 764-	Telephone number of Authorized Officer: (60) 764-3171
cy of the CAF ICC Data Reported accuracy of the actual data reported; and, to the best of my INC. Date 9/27/2012		RESIDENT	Title or position of Authorized Officer PRESIDENT
cy of the CAF ICC Data Reported accuracy of the actual data reported; and, to the best of my INC. Date 9/27/2012	i i	HN PEARCE	Printed name of Authorized Officer JOHN PEARCE
cy of the CAF ICC Data Reported accuracy of the actual data reported; and, to the best of my INC.		the p	Signature of Authorized Officer
cy of the CAF ICC Data Reported	NOXAPATER TELEPHONE COMPANY, INC.	KAPATER TEL	Name of Reporting Carrier NOX
cy of the CAF ICC Data Reported			
cy of the CAF ICC Data Reported accuracy of the actual data reported; and, to the best of my	ite.	on this form is accura	knowledge, the information reported on this form is accurate.
cy of the CAF ICC Data Reported	onsibilities include ensuring the	orting carrier; my resp	certify that I am an officer of the repu
cy of the CAF ICC Data Reported			
	Officer as to the Accurac	Certification of	

Cert	fication of Officer	as to the Accuracy	of the CAF ICC Data Re	eported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		_	e accuracy of the actual	data reported; and, to the	
Name of Reporting Carrier: MOUND	BAYOU TEL & CO				
Charle Signature of Authorized Officer:	s Fail		Digitally signed by Charles Fail,email=charlief@nexba co,l=Bay Springs MS 3942	nd.com,O=mound bayou tel &	Date: 9/26/2012
Printed name of Authorized Officer:	Charles Fail				
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	601-764-3463				
Study Area Code of Reporting Carrier	280462	Filing Due (mm/dd/y	e Date for this form yyy)	10/4/2012	
Persons willfully making false state §§ 502, 503(b			e or forfeiture under the C the United States Code, 1		47 U.S.C.

Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ensuring the accuracy of the actual da	ata reported; and, to the	
Name of Reporting Carrier: SLEDGE	TEL CO				
Robert Signature of Authorized Officer:	Sledge Jr.		Digitally signed by Robert Sl Sledge Jr.,email=rsledge@d co,l=Sunflower MS 38778, D	leltaland.net,O=sledge tel	Date: 9/27/2012
Printed name of Authorized Officer:	Robert Sledge	Jr.			
Title or position of Authorized Officer:	President				
Telephone number of Authorized Officer:	662-569-3311				
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.

Cert	tification of Officer as t	to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting car best of my knowledge, the information reporte			lata reported; and, to the	
Name of Reporting Carrier: SMITHV	ILLE TEL CO			
Terry Signature of Authorized Officer:	Collums	Digitally signed by Terry Co Collums,email=tncstc@trac co,l=Smithville MS 38870, [eroad.net,O=smithville tel	Date: 9/26/2012
Printed name of Authorized Officer:	Terry Collums			
Fitle or position of Authorized Officer:	Vice President			
Felephone number of Authorized Officer:	662-651-4131			
Study Area Code of Reporting Carrier	280467	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		be punished by fine or forfeiture under the C nt under Title 18 of the United States Code, 1		34, 47 U.S.C.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 or the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 290280 IIIIIIIIIII Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (931) 668-4131 ext.	Title or position of Authorized Officer President	Printed name of Authorized Officer Trever Bonnstetter	Signature of Authorized Officer C	Name of Reporting Carrier Ardmore Telephone Company, Inc.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported income an enomicer of the reporting certier, my responsibilities include ensuring the accuracy of the CAF ICC Data Reported income on this form is accurate. Name of Reporting Center. Physicalture of Authorized Officer. Trevor Bonnstetter Title or position of Authorized Officer. Chief Executive Officer Telephone Cooperative, Inc. Physicalture of Authorized Officer. (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-4131 (931) 668-																																																																																								Tribin :				THE ST CHIED BO AS ALL	The state of the s															Tally		E. Marie Office and Later Control of the Control of			Prince With Control of	THE SECURIOR PROPERTY OF THE P		The road out this form is a first out of the form in the second out the second ou	The same of the sa	The second of th					7 - 110 EGBL CI MV																7							
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nents on this form can be punished by fine or forfeiture under the Communication impressment under Title 18 of the United States Code 18 U.S.C. & 1	Study Area Code of Reporting Carrier 290554 Filing Due Date for this form 10/4/2012	Telephone number of Authorized Officer: (423) 447-2121 ext.	Title or position of Authorized Officer President	Printed name of Authorized Officer John Lee Downey	12	Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported
17 U.S.C. §§ 502, 503(b), or fine o					Date 09/25/2012		ted; and, to the best of my	orted

Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported Itentify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Crookett Telephone Company, Inc. Signature of Authorized Officer James W. Garner Title or position of Authorized Officer Vice President of Operations Telephone number of Authorized Officer: (601) 354-9070 ext. Study Area Code of Reporting Carrier 290561 Signature Study Area Code of Reporting Carrier 290561	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	is form can be punished by fine or forfeiture under the Communications Act of 1934.			
Certification of Officer as to the Accuracy of the CAF ICC Data Reported leading, that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Crockett Telephone Company, Inc. Signature of Authorized Officer James W. Garner Title or position of Authorized Officer Vice President of Operations Telephone number of Authorized Officer: (601) 354-9070 ext.		10/4/2012		290561	study Area Code of Reporting Carrier
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Lording that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Cerrier Crookett Telephone Company, Inc. Signature of Authorized Officer James W. Garmer Printed name of Authorized Officer Vice President of Operations Title or position of Authorized Officer Vice President of Operations			ext.	601) 354-907	elephone number of Authorized Officer: ((
Certification of Officer as to the Accuracy of the CAF ICC Data Reported (certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier: Crookett Telephone, Company, Inc. Signature of Authorized Officer: James W. Garner			f Operations	e President of	lite or position of Authorized Officer Vice
Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Crookett Telephone Company, Inc. Date 9/26/2012			neuromaine de constituir de commentante de commentante de commentante de commentante de commentante de comment	s W. Garner	rinted name of Authorized Officer Jame
Certification of Officer as to the Accuracy of the CAF ICC Data Reported Lertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Crookett Telephone Company, Inc.				N. Ha	ignature of Authorized Officer (MM.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported			npany, Inc.	elephone Con	lame of Reporting Carrier Crookeft T
Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Certification of Officer as to the Accuracy of the CAF ICC Data Reported	ted; and, to the best of my	ne actual data repor	onsibilities include ensuring the accuracy of the.	ng carrier; my respo his form is accurat	certify that I am an officer of the reporting the control of the information reported on t
Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
	orted	F ICC Data Rep	Officer as to the Accuracy of the CAI	ertification of 0	C

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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier	Telephone number of Authorized Officer (415)519 - 2151 ext	Printed name of Authorized Officer	Signature of Authorized Officer	Name of Reporting Carrier DeKalbe Telephone Cooperative	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	
ents on this form can be puni imprisonment unde	290562	(615)519-2151 e	Oraig Gates		e Telephone Coope	orting carrier; my respons on this form is accurate.	Certification of Off
is form can be punished by fine or forfeiture under the Communications Avinthrisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Filing Due Date for this form (mm/dd/yyyy)	<u>x</u>			rative	bilities include ensuring the	Certification of Officer as to the Accuracy of the CAF ICC Data Reported
the Communications Act of bode, 18 U.S.C. § 1001.	r this form 10/4/2012					accuracy of the actual dat	of the CAF ICC Dat
1934, 47 U.S.C. §§ 502, 503(b), o)12			Date 9/25/2012		a reported; and, to the best of my	a Reported
r fine or						· · · · · ·	

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
Name of Recording Carrier Highland Telephone Cooperative, Inc.
Name of Reporting Carner Highland Telephone Cooperative, Inc. Signature of Authorized Officer LAMITE LATER.
Name of Reporting Carner Highland Telephone Cooperative, Inc. Signature of Authorized Officer G. Mark Patterson
Name of Reporting Carner Highland Telephone Cooperative, Inc. Signature of Authorized Officer SMark Patterson Title or position of Authorized Officer Chief Operating Officer - General Manager
hland Telephone Cooperative HML A H cer G. Mark Patterson d Officer (423) 628-2121 ext

7/) SELECTION OF THE PARTY 10/4/2012 INSTRUMENT OF THE PARTY 10/4/2012	
	Study Area Code of Reporting Carrier 290570 SELECTION
35L ext ('1'	Telephone number of Authorized Officer: (231) 853-4351 ext
mancial Offices	THE OF POSITION OF AUTHORIZED Officer Chief This Canton of
Hatchins	Printed name of Authorized Officer Desda K. Hatchir
Dana 09/26/12	Signature of Authorized Officer
one Company Inc.	Name of Reporting Carrier Josetto Telephone Come
Certification of Officer as to the Accuracy of the CAF ICC Data Reported cartify that I am an officer of the reporting carden my responsibilities include ensuring the accuracy of the sotual data reported; end, to the best of my mowining the information reported on this form is accurate.	Certification of Officer as to the carrier that i am an officer of the reporting carrier my responsibilities include a knowledge, the information reported on this form is accurate.

Carrier Cert

	Filing Due Date for this form 10/4/2012	290573	Telephone number of Authorized Officer: (1013) 000-213 (ext. 100-104) of Boooting Continue 290573
		sident and CEO	Title or position of Authorized Officer President and CEO
		y J. White O	Printed name of Authorized Officer Nancy J. White
Date 09/26/2012	help	and Jawl	Signature of Authorized Officer
	tive, Inc.	tral Telephone Cooperat	Name of Reporting Carrier North Central Telephone Cooperative, Inc.
Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported ting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and this form is accurate.	Certification of Officer as ing carrier, my responsibilities in this form is accurate.	Certification of O

Cert	fication of Officer a	as to the Accuracy of the CAF ICC Data Re	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: TWIN LA	KES TEL COOP						
Jonath Signature of Authorized Officer:	an West	Digitally signed by Jonathan West,email=jwest@twlakes. coop,I=Gainesboro TN 3856	.coop,O=twin lakes tel	Date: 9/25/2012			
Printed name of Authorized Officer:	Jonathan West						
Title or position of Authorized Officer:	General Manager						
Telephone number of Authorized Officer:	931-268-2151						
Study Area Code of Reporting Carrier	290579	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the Connent under Title 18 of the United States Code, 18		34, 47 U.S.C.			

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Name of Reporting Carrier: UTC OF 1	ΓN							
Cindy Signature of Authorized Officer:	Rothstein		Digitally signed by Cindy Rot Rothstein,email=crothstein@ tn,l=Chapel Hill TN 37034, D	outcoffice.net,O=utc of	Date: 9/24/2012			
Printed name of Authorized Officer:	Cindy Rothsteir	n						
Title or position of Authorized Officer:	Vice President							
Telephone number of Authorized Officer:	931-364-4321							
Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		-	ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18		47 U.S.C.			

	10/4/2012	(mm/dd/yyyy)	290583	Study Area Code of Reporting Carrier
			(601) 354-907	Telephone number of Authorized Officer: (601) 354-9070 ed
		f Operations	ce President o	Title or position of Authorized Officer Vice President of Operations
			nes W. Garner	Printed name of Authorized Office James W. Garner
Date 9/26/2012			Oh Mo	Signature of Authorized Officer MA
		West Tennessee Telephone Company, Inc.	nessee Teleph	Name of Reporting Carrier West Te
ported rted; and, to the best of my	AF ICC Data Rep	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of of the control of the certification of the certificatio	Certification of Oil certification of Oil certify that I am an officer of the reporting carrier; my respons knowledge, the information reported on this form is accurate.

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eported orted; and, to the best of my	FICC Data R	Certification of Officer as to the Accuracy of the CAF ICC Data Reported ting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported rentby that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.							
Name of Reporting Carrier: THE ART	THUR MUTUAL						
Eric Round Signature of Authorized Officer:	oughton	Digitally signed by Eric Roug Roughton,email=artelco@bi mutual,l= , Date:9/27/2012		Date: 9/27/2012			
Printed name of Authorized Officer:	Eric Roughton			·			
Title or position of Authorized Officer:	General Manager/S	Sec'y/Treasurer					
Telephone number of Authorized Officer:	419-393-2233						
Study Area Code of Reporting Carrier	300586	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012				
		an be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 18		34, 47 U.S.C.			

Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Printed name of Authorized Officer Phillip D. Maag Title or position of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext. Filing Due Date for this form Study Area Code of Reporting Carrier Date 9/26/12	es include ensuring the accuracy of the actual data reporte	Certification of Officer as to the Accuracy of the CAF ICC Data Reported recritive that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Title or position of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext. Filling Due Date for this form 10/4/2012	Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported Reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Printed name of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext. Filing Due Date for this form 10/4/2012						
M. Mass	Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Title or position of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext. Telephone number of Authorized Officer: (419) 395-2222 ext.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Printed name of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext. Telephone number of Authorized Officer: (419) 395-2222 ext.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Tille or position of Authorized Officer Secretary/Treasurer Telephone number of Authorized Officer: (419) 395-2222 ext.		10/4/2012	(mm/dd/yyyy)	0588	Study Area Code of Reporting Carrier	-
B. Mary	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Printed name of Authorized Officer Phillip D. Maag Title or position of Authorized Officer Secretary/Treasurer	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Printed name of Authorized Officer Phillip D. Maag Printed name of Authorized Officer Secretary/Treasurer	Certification of Officer as to the Accuracy of the CAF ICC Data Reported Icertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Phillip D. Maag Title or position of Authorized Officer Secretary/Treasurer				(419) 395-2222 ext.	Telephone number of Authorized Officer: (-
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ed Mary	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Authorized Officer Bate 9/26/12	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Authorized Officer Authorized Officer Date 9/26/12	Certification of Officer as to the Accuracy of the CAF ICC Data Reported. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Ayersville Telephone Company Signature of Authorized Officer Alage Manuella Alage Manuella Carrier Ayersville Telephone Company Date 9/26/12			0	D. Maag	Printed name of Authorized Officer Phillip	-
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Ceri	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.								
Name of Reporting Carrier: BASCON	M MUTUAL TEL CO							
Kathy Signature of Authorized Officer:	Reinhart	Digitally signed by Kathy Re Reinhart,email=kmr@basco mutual tel co,l=Bascom OH	mtelephone.com,O=bascom	Date: 9/27/2012				
Printed name of Authorized Officer:	Kathy Reinhart			•				
Title or position of Authorized Officer:	Asst. Treasurer							
Telephone number of Authorized Officer:	419-937-2222							
Study Area Code of Reporting Carrier	300589	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012					
		can be punished by fine or forfeiture under the Connection of the United States Code, 18		47 U.S.C.				

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enton Ridge Tel Co Ren Williams President & CEO er: (419) 859-2144 ext. 300590 Filling Due Date for this form	reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to read on this form is accurate. Benton Ridge Tel Co Ren Williams Fresident & CEO Incer: (419) 859-2144 ext. Sand Section Date of this form 10/4/2012	THE PROPERTY OF THE PARTY OF TH	1000	Study Area Code of Reporting Carner
Benton Ridge Tel Co Run Williams Ken Williams President & CEO fficer: (419) 859-2144 est.	ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my lower beaution reported on this form is accurate. Benton Ridge Tel Co Interested Officer Reporting Carrier Benton Ridge Tel Co Interested Officer Reporting Carrier Ren Williams Interested Officer Resident & CEO Interested Officer President & CEO Interested Officer President & CEO	g Due Date for this form 10/4/2012	300590	
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	Reporting Carrier 300591 Selection (Imm(dd/)979)	Sludy Area Code of Reporting Carrier
TEAL CONTRACTOR OF THE CONTRAC	Telephone number of Authorized Officer: (419) 657-2222 ext.	elephone number o
	Title or position of Authorized Officer General Manager	Title or position of A
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0.36.20.12	Signature of Authorized Officer Change Lange & Medica	Signature of Authori:
	Name of Reporting Carrier Buckland Telephone Company	Name of Reporting (
curacy of the actual data reported; and, to the best of my	knowledge, the information reported on this form is accurate.	knewledge, the int
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Cert	ification of Officer	as to the Accuracy of the CAF ICC Data R	eported	
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Name of Reporting Carrier: THE CHA	MPAIGN TEL CO			
Tiffany Signature of Authorized Officer:	Kuivinen	Digitally signed by Tiffany Kuivinen,email=tiffany@c champaign tel co,l=,Dat	tcommunications.com,O=the	Date: 9/27/2012
Printed name of Authorized Officer:	Tiffany Kuivinen			
Title or position of Authorized Officer:	Director of Finance	•		
Telephone number of Authorized Officer:	937-653-2263			
Study Area Code of Reporting Carrier	300594	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the ment under Title 18 of the United States Code,		, 47 U.S.C.

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I certify that I am an officer of the reporting carr best of my knowledge, the information reported		=	lata reported; and, to the	
Name of Reporting Carrier: CONNEA	UT TEL CO			
Karen Signature of Authorized Officer:	Picard	Digitally signed by Karen Pi Picard,email=karenp@suite co,l=Conneaut OH 44030, [224.net,O=conneaut tel	Date: 9/26/2012
Printed name of Authorized Officer:	Karen Picard			,
Title or position of Authorized Officer:	Chief Financial Offic	cer		
Telephone number of Authorized Officer:	440-593-7127			
Study Area Code of Reporting Carrier	300606	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C nent under Title 18 of the United States Code, 1		34, 47 U.S.C.

47 U.B.C. 9§ 502, 503(b), or fine or	salions Act of 1934, 3. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	on this form can be built imprisonment unde	Persone willfully making falas statements
	10/4/2012	(mm/dd/yyyy)	300609	Study Area Code of Reporting Carrier
T. D. C.			(330) 658-2121 ext	Telephone number of Authorized Officer: (
			sident	Title or position of Authorized Officer President
			las J. Brockman	Printed reme of Authorized Officer Thomas J. Brockman
Date 9/26/2012		Stork -	Thomas A	Signature of Authorized Officer
		npany //	த Telephone Cor	Name of Reporting Carrier Doylestowy, Telephone Company
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Name of Reporting Carrier: FARMER	RS MUTUAL TEL			
Eric D Signature of Authorized Officer:	amman	Digitally signed by Eric Dan Damman,email=edamman(tel,I=Okolona OH 43550, Di	@fmtc.cc,O=farmers mutual	Date: 9/25/2012
Printed name of Authorized Officer:	Eric Damman			1
Title or position of Authorized Officer:	Secretary/General Mar	nager		
Telephone number of Authorized Officer:	419-758-3322			
Study Area Code of Reporting Carrier	300612	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		pe punished by fine or forfeiture under the C tunder Title 18 of the United States Code, 1		, 47 U.S.C.

REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	is form can be punished by fine or forfeiture under the Communications Act of 1834, 47			
The second	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300614	Study Area Code of Reporting Carrier
			(419) 286-2181 ext.	Telephone number of Authorized Officer: (419) 286-2181 ext
			istant VP	Title or position of Authorized Officer Assistant VP
			ael Metzger	Printed name of Authorized Officer Michael Metzger
Date 9/27/2012			my a mor	Signature of Authorized Officer PPA
		pany	ings Telephone Com	Name of Reporting Carrier Fort Jennings Telephone Company
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ed; and, to the best of my	e actual data reporte	es include ensuring the accuracy of th	ing carrier; my responsibiliti this form is accurate.	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
orted	FICC Data Repo	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	Sertification of Officer	

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported			ata reported; and, to the	
Name of Reporting Carrier: GLANDO	RF TEL CO			
Linda Signature of Authorized Officer:	Heckman	Digitally signed by Linda He Heckman,email=glantel@br co,l=Glandorf OH 45848-00	ight.net,O=glandorf tel	Date: 9/27/2012
Printed name of Authorized Officer:	Linda Heckman			
Title or position of Authorized Officer:	Manager/Asst.Treas	surer		
Telephone number of Authorized Officer:	419-538-6987			
Study Area Code of Reporting Carrier	300619	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connent under Title 18 of the United States Code, 18		934, 47 U.S.C.

Cert	ification of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		ties include ensuring the accuracy of the actual durate.	ata reported; and, to the	
Name of Reporting Carrier: KALIDA	TEL CO			
Chris Signature of Authorized Officer:	Phillips	Digitally signed by Chris Phi Phillips,email=chrisp@kalidi co,l=Kalida OH 45853, Date	atel.com,O=kalida tel	Date: 9/26/2012
Printed name of Authorized Officer:	Chris Phillips			
Title or position of Authorized Officer:	Manager			
Telephone number of Authorized Officer:	419-532-3218			
Study Area Code of Reporting Carrier	300625	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		can be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 19		934, 47 U.S.C.

Certi	fication of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the	
Name of Reporting Carrier: MIDDLE	POINT HOME			
Kent H Signature of Authorized Officer:	lughes	Digitally signed by Kent Hug Hughes,email=khughes@m point home,l=Middle Point C	iddlepointtel.com,O=middle	Date: 9/27/2012
Printed name of Authorized Officer:	Kent Hughes			
Title or position of Authorized Officer:	Plant Manager/Ass	istant Vice President		
Telephone number of Authorized Officer:	419-968-2000			
Study Area Code of Reporting Carrier	300633	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Comment under Title 18 of the United States Code, 18		47 U.S.C.

Cert	ification of Officer a	as to the Accuracy of the CAF ICC Data Re	ported	
I certify that I am an officer of the reporting carr best of my knowledge, the information reported		es include ensuring the accuracy of the actual d rate.	ata reported; and, to the	
Name of Reporting Carrier: MINFORI	D TEL CO			
Paula Signature of Authorized Officer:	McGraw	Digitally signed by Paula Mo McGraw,email=pmcgraw@f co,I=Minford OH 45653, Dat	alcon1.net,O=minford tel	Date: 9/25/2012
Printed name of Authorized Officer:	Paula McGraw			·
Title or position of Authorized Officer:	General Manager			
Telephone number of Authorized Officer:	740-820-2151			
Study Area Code of Reporting Carrier	300634	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the Connect under Title 18 of the United States Code, 18		34, 47 U.S.C.

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nsibilities include ensuring the accuracy of i	ne actual data reporte	d; and, to the best of my
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Th		Date 09/27/2012
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ext.		
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Name of Reporting Carrier Nova Telephone, Company				
Signature of Authorized Office The Co.	lephoma Comp	bany		
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Printed name of Authorized Officer Chi	lephone Comp	bany		Days 9735-12
Pinted name of Authorized Officer Charlie Makingly This or position of Authorized Officer President/Owne	ephone Comp of the Manuagy esident/Owne	bany		Dosha 975-12
Printed name of Authorized Officer. Charitie Matchigly This or position of Authorized Officer. President/Owner Telephone number of Authorized Officer. 903, 1965. 0100.	tephone comparing water the makingly arile Makingly asident/Owner 1933, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963, 1963,	bany M		Daya 97872

Carrier Cart

Name of Reporting Carrier THE Ottoville Intutudal Telephone Company Signature of Authorized Officer Company Printed name of Authorized Officer Donald J Hoersten Title or position of Authorized Officer General Manager Telephone number of Authorized Officer. (419) 453-3324 ext. Study Area Code of Reporting Carrier 300650 Filing Due Date for this form 10/4/2012
Sphorie Company 24 est
Sunters Company
100 Maritan Hoersten
OO Kara Ten
Name of Reporting Carrier THE Ottovnille Mutural Telephone Company
The Otterille Minist Telephone Company
f Banadina Carrier I HE CHOVIIIE IVIULUAI I EIEDHOHE COHIDANY

Name of Reporting Carrier Pattersonville Telephone Co. Signature of Authorized Officer / Mon / Market Printed name of Authorized Officer Aaron Jones Title or position of Authorized Officer CEO Telephone number of Authorized Officer (330) 895-4391 ext. Filing Due Date for this form 10/4/2012	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Authorized Officer Authorized Officer Aaron Jones	Certification of Officer as to the Accuracy of the CAF ICC Data Repo					
	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Pattersonville Telephone Co. Signature of Authorized Officer Aaron Jones Patterson Jones Date 9/26/12 Patterson Jones Patterson Jones Date 9/26/12 Patterson Jones Pat	Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported Reported I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Pattersonville Telephone Co. Signature of Authorized Officer Aaron Jones Title or position of Authorized Officer CEO Telephone number of Authorized Officer. (330) 895-4391 ext.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	300651	udy Area Code of Reporting Carrier
	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Authorized Officer Authorized Officer Aaron Jones Date 9/26/12	Certification of Officer as to the Accuracy of the CAF ICC Data Reported certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Pattersonville Telephone Co. Signature of Authorized Officer Aaron Jones Printed name of Authorized Officer Aaron Jones Date 9/26/12				(330) 895-4391 ext.	elephone number of Authorized Officer;
	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Pattersonville Telephone Co. Date 9/26/12 Date 9/26/12	Certification of Officer as to the Accuracy of the CAF ICC Data Reported Reported Reported Reported Reported Reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier; Pattersonville Telephone Co. Signature of Authorized Officer / // // // // // // // // // // // //				0	tle or position of Authorized Officer CE(
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Name of Reporting Carrier Pattersonville Telephone Co.	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Pattersonville Telephone Co.	Date 9/26/12			n form	1
	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the CAF ICC Data Reported learning that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				ille Telephone Co.	ame of Reporting Carrier Pattersonv

Carrier Cert

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od Mutual Telephone Association Inc	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Jame of Reporting Carrier Sherwood Mutual Telephone Association Inc	04/07	1 10	(mm/dd/yyyy)	000000	Study Area Code of Reporting Carrier
Association Inc	recertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Value of Reporting Carrier Sherwood Mutual Telephone Association Inc Signature of Authorized Officer Lynn Bergman Fills or position of Authorized Officer General Manager Telephone number of Authorized Officer: (419) 899-2121 ext.	OMONIA		Filing Due Date for t	300656	
one Association Inc	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Signature of Reporting Carrier Sherwood Mutual Telephone Association Inc Signature of Authorized Officer Sympan Bergman Title or position of Authorized Officer General Manager				(419) 899-2121 _{ext.}	elephone number of Authorized Officer:
tephone Association Inc	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sherwood Mutual Telephone Association Inc. Signature of Authorized Officer Signature of Authorized Officer Lynn Bergman Trinled name of Authorized Officer Lynn Bergman			Arenjowski tri isaniya 1111	neral Manager	Title or position of Authorized Officer Ge
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	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.		taminatari da a c	Association Inc	Mutual Telephone	lame of Reporting Carrier Sherwood
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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Sylamore Telephone of Authorized Officer Hand D. Ekle berry Title or position of Authorized Officer General Manage/Treasure In the Date for this form I relephone number of Authorized Officer: (419,937,400,264.	e of Reporting Carrier Sylvernore 12 Lephone Company ed name of Authorized Officer Steven Differ Differ Differ Steven Steven Differ Steven Steven Differ Ste		10/4/2012	300658 (mandadyyyy)	Study Area Code of Reporting Carrier
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Certi	fication of Office	er as to the	Accuracy of the CAF ICC Data Rep	oorted		
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Name of Reporting Carrier: TELEPH(DNE SERVICE					
Bruce Signature of Authorized Officer:	Hanson		Digitally signed by Bruce Ha Hanson,email=bruce@hoine Date:9/25/2012	nson DN:cn=Bruce tt.net,O=telephone service,I= ,	Date:	9/25/2012
Printed name of Authorized Officer:	Bruce Hanson					
Title or position of Authorized Officer:	Treasurer					
Telephone number of Authorized Officer:	320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
• •			ished by fine or forfeiture under the Co r Title 18 of the United States Code, 18	·	17 U.S.C.	

Cert	fication of Officer	as to the Accuracy of the CAF ICC Data Re	ported	
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Name of Reporting Carrier: VAUGHN	SVILLE TEL CO			
Martha Signature of Authorized Officer:	ı Kaplan	Digitally signed by Martha K Kaplan,email=vvtelco@brig co,l=Vaughnsville OH 4589:	ht.net,O=vaughnsville tel	Date: 9/27/2012
Printed name of Authorized Officer:	Martha Kaplan			·
Title or position of Authorized Officer:	Manager/Secretary	ı/Treasurer		
Telephone number of Authorized Officer:	419-646-3431			
Study Area Code of Reporting Carrier	300663	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
		an be punished by fine or forfeiture under the C ment under Title 18 of the United States Code, 1		34, 47 U.S.C.

U.S.C. §§ 502, 503(b), or fine or	eations Act of 1934, 47 L § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	is on this form can be punished imprisonment under Title	Persons willfully making false statement
	10/4/2012	(mm/dd/yyyy)	300064	Study Area Code of Reporting Carrier
		9405	ll) ext	Telephone number of Authorized Officer: (4 6, 943
			Secretary	Title or position of Authorized Officer
		rchal	Julie Marcho	Printed name of Authorized Officer
Date 9-27-12		5	die Marcher	Signature of Authorized Officer
		Telephone	Sh Mutua	Name of Reporting Carrier 100
t; and, to the best of my	ne actual data reported	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	ting carrier; my responsibilit this form is accurate.	I certify that I am an officer of the reporting carrier; my respondenced to the information reported on this form is accurate.
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